

Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

## CERTIFICATE OF DEATH

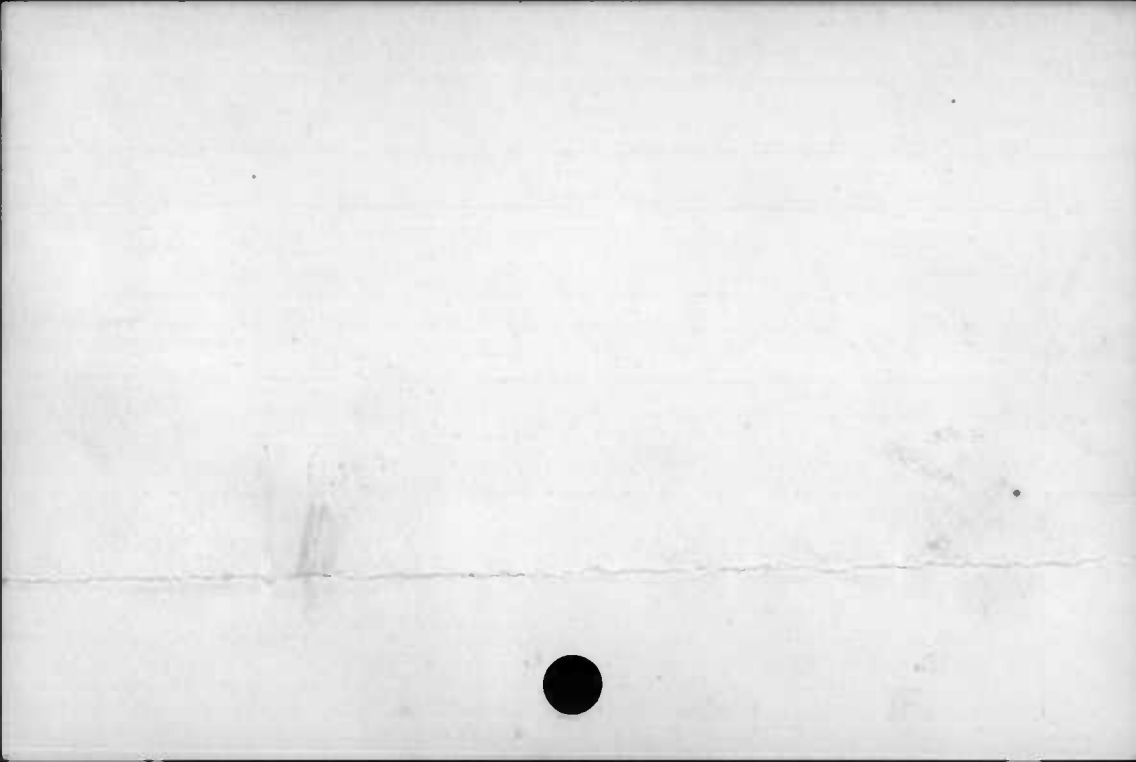
MARYLAND

Died at <sup>Town</sup> *Near Level*<sup>County</sup> *Harford*Date of death *1908 Mar*Day *18*Age *—* YearsMonths *8*Days *—*Sex *Female*Color or Race *White*Birth-place *Harford Co. Md.*Occupation *—*Where Residing if not  
at place of death *—*Married, Single  
or Widowed *Single*Name of Wife or  
Husband *—*Father's Name *Albert Ackison*Father's Birthplace *Harford Co.*Mother's Maiden Name *Sadie Elliot*Mother's Birthplace *Harford Co.*Name of person giving  
In formation *Albert Ackison*How related  
to deceased *Father*

## CAUSES OF DEATH

10

Primary *La Grippe*How long *2 weeks*Immediate *Exhaustion*How long *2 days*Are the name, age, sex, color, date  
and place correctly given above? *yes*Signature of Physician *Charles Krietz*Address *Abundum Md.*Accident or Suicide? *—*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Angeline Vanda Amoss</i>		Town <i>Brynm</i>		County <i>Harford</i>		MARYLAND	
Died at <i>Brynm</i>		Month <i>March</i>		Day <i>1</i>		Hours <i>5:45 pm</i>	
Date of death <i>1908</i>		Month <i>March</i>		Day <i>1</i>		Hours <i>5:45 pm</i>	
Age <i>73</i>		Months <i>10</i>		Years <i>6</i>		Days <i>6</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Doylestown, Pa.</i>			
Occupation <i>none</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Thomas A Amoss</i>					
Father's Name <i>Samuel Wetherall</i>		Father's Birthplace <i>Bucks Co. Pa.</i>					
Mother's Maiden Name <i>Elizabeth Brown</i>		Mother's Birthplace <i>" " "</i>					
Name of person giving information <i>Mrs J H Davison</i>		How related to deceased <i>Daughter</i>					

## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary <i>Broncho-pneumonia -</i>		How long <i>six days -</i>	
Immediate <i>Syncope -</i>		How long <i>few hours -</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>A. F. Vant Fibber</i>	
		Address <i>T Bclair</i>	
Accident or Suicide? <i>No.</i>		<i>Ma</i>	

Los. H. G. Byrnes

Name in Full		Howard Anderson				CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND					
		Date of death		1908	Month	Day	Age	Years	Months	Days	
		Sex		male		Color or Race		Blond		Birth-place	MD
		Occupation				Where Residing if not at place of death					
		Married, Single or Widowed		Single		Name of Wife or Husband					
		Father's Name		James Anderson				Father's Birthplace		MD	
		Mother's Maiden Name		Sally Peve				Mother's Birthplace		MD	
Name of person giving information		James Anderson				How related to deceased		Father			
PHYSICIAN OR CORONER		CAUSES OF DEATH				166					
		Primary				Gun shot wound.					
		Immediate				How long					
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician					
						Address					
Accident or suicide?						Dr. Charles Anderson					
						Beltersville					

Atendon Hill

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Margaret Helen Bourman

Died at <sup>Town</sup> Magnolia <sup>County</sup> Harford

MARYLAND

Date of death 1908 <sup>Month</sup> June <sup>Day</sup> 26 <sup>Year</sup> 26 <sup>Months</sup> — <sup>Days</sup> —Sex Female <sup>Color or Race</sup> white <sup>Birth-place</sup> MdOccupation none <sup>Where Residing if not at place of death</sup>Married, Single or Widowed Single <sup>Name of Wife or Husband</sup>Father's Name Almya Bourman <sup>Father's Birthplace</sup> MdMother's Maiden Name Belle Swartz <sup>Mother's Birthplace</sup> MdName of person giving Information Belle Swartz <sup>How related to deceased</sup> mother

## CAUSES OF DEATH

79

Primary <sup>How long</sup> Heart Disease & Rheumatic years.Immediate <sup>How long</sup> Heart failure immediate

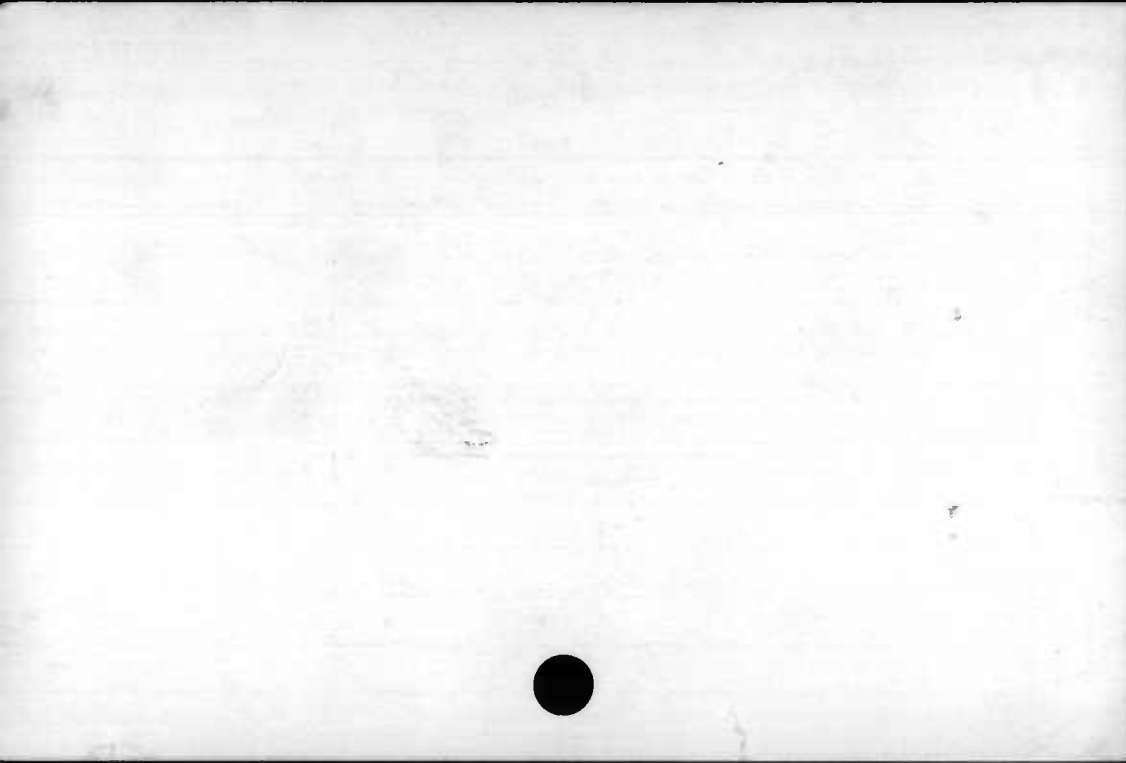
Are the name, age, sex, color, date and place correctly given above? ye

Signature of Physician

Address

Accident or Suicide

PHYSICIAN  
OR CORONER





Name  
in  
Full

Lath R. Bussey

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

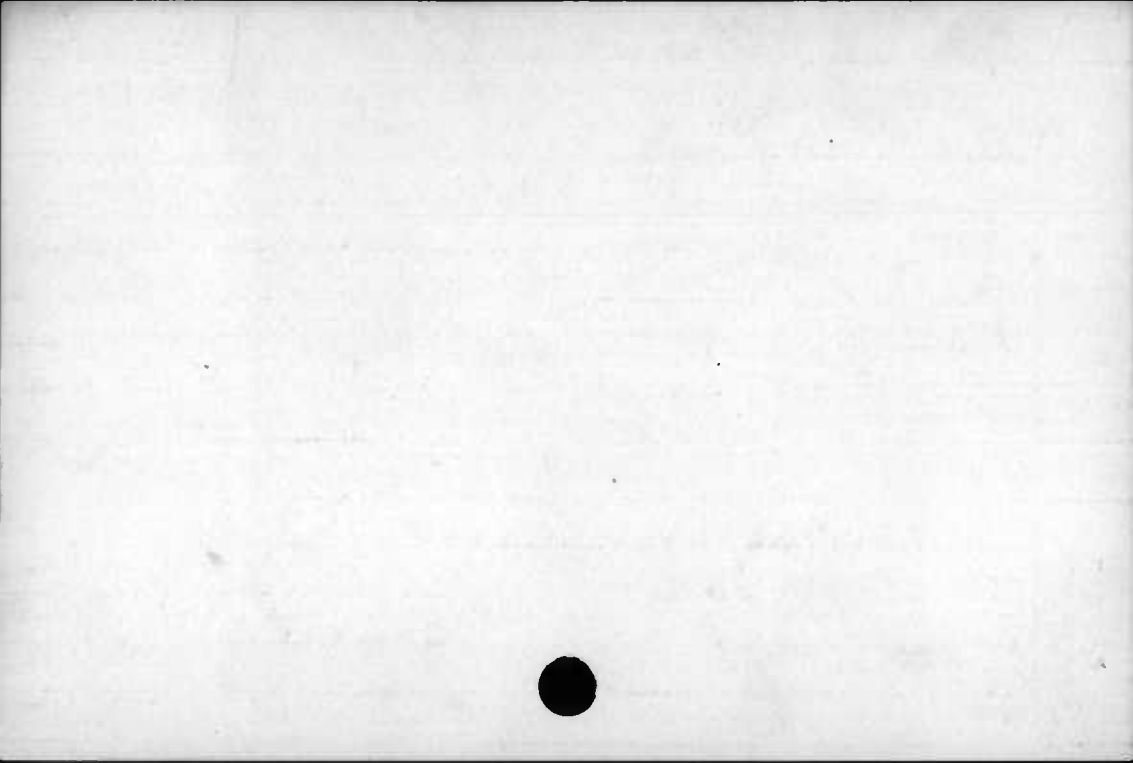
Died at <u>Bel Air</u> <sup>Town</sup>		<u>Hanover</u> <sup>County</sup>		MARYLAND	
Date of death	190 <u>8</u>	Month <u>March</u>	Day <u>12</u>	Age <u>85</u> <sup>Years</sup>	Months <u>—</u> Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>W. Virginia</u>		
Occupation <u>Unknown</u>	Where Residing if not at place of death <u>Baltimore</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>Washington Bussey</u>	Father's Birthplace <u>W. Virginia</u>		Mother's Birthplace <u>Don't know</u>		
Mother's Maiden Name <u>Reid</u>	How related to deceased <u>Niece</u>				
Name of person giving information <u>Mr. D.</u>					

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary <u>Cerebral Paralysis</u>	How long <u>4 days</u>
Immediate <u>Asthma</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Pennell L. Day</u>
	Address <u>Baltimore</u>
Accident or Suicide? <u>  </u>	



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OR CORONER

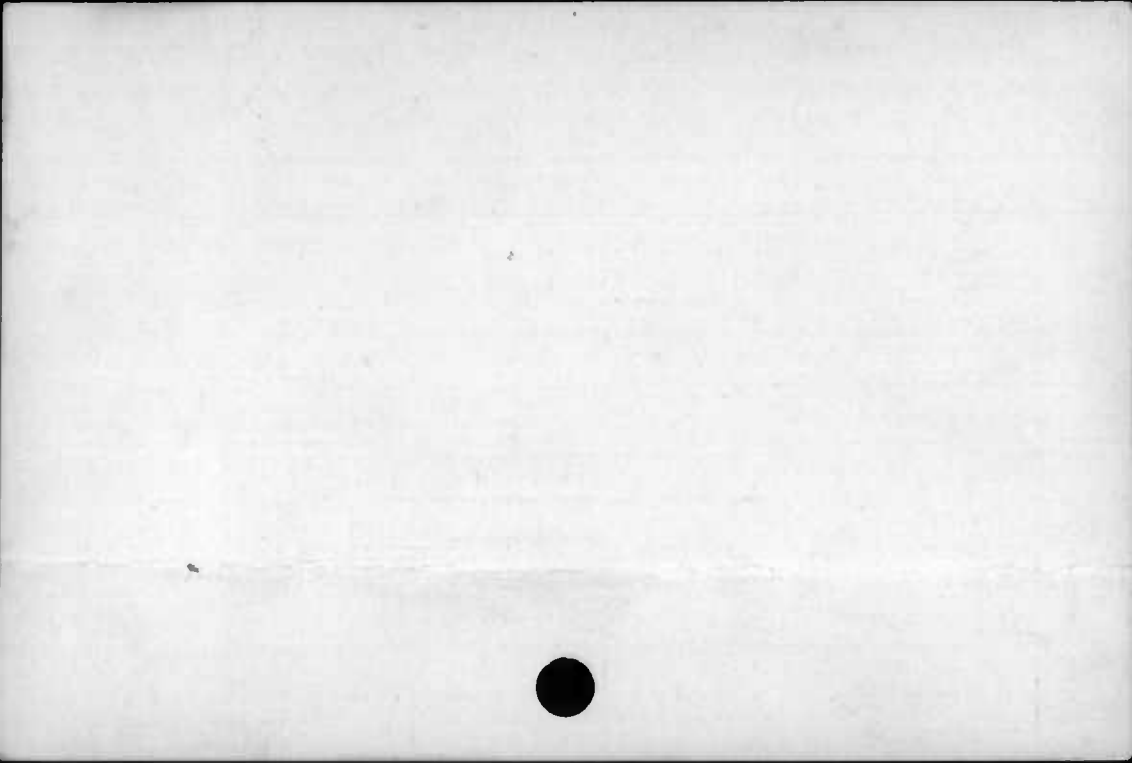
## CERTIFICATE OF DEATH

Died at <i>Near Aberdeen</i>		<i>Harford</i> County		MARYLAND	
Date of death <i>1908</i>		Month <i>3</i>	Day <i>26</i>	Age <i>21</i> Years	Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Baltimore co</i>		
Occupation <i>Cashier</i>			Where Residing if not at place of death <i>Near Aberdeen</i>		
<del>Married</del> Single			Name of Wife or Husband		
Father's Name <i>Thos Chalk</i>			Father's Birthplace <i>Stafford Co. Md.</i>		
Mother's Maiden Name <i>Dellie E. Carty</i>			Mother's Birthplace <i>Balto. Co. Md.</i>		
Name of person giving information <i>Dellie E. Chalk</i>			How related to deceased <i>Daughter</i>		

## CAUSES OF DEATH

34

Primary <i>General Tuberculosis</i>	How long <i>18 Mos.</i>
Immediate <i>Exhaustion</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. H. Knitt</i>
	Address <i>Aberdeen. Md.</i>
Accident or Suicide? <i>—</i>	



Name  
In  
Full

Pauline Christy

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Kalmar</i> Twn.		County <i>Stafford</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>3</i>	Day <i>20</i>	Age <i>20</i>	Years	Months Days
Sex <i>female</i>	Color or Race <i>colored</i>		Birth-place <i>Stafford Co.</i>		
Occupation <i>Seif.</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Jos. Christy</i>			
Father's Name <i>Harrison Preston</i>		Father's Birthplace <i>Ind.</i>			
Mother's Maiden Name <i>Mary</i>		Mother's Birthplace <i>unknown</i>			
Name of person giving information		How related to deceased			

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>3 mos.</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>F. Lee Hughes</i>
	Address <i>First Hill</i>
Accident or Suicide?	<i>Ind.</i>



Name in Full		Hollis Courtney				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Havre de Grace		County Harford		MARYLAND	
	Date of death	1908	Month 3	Day 12	Age 65	Years 4	Months -
	Sex	Male		Color or Race	White		Birth- place
	Occupation	R.R. Station Agent		Where Residing if not at place of death		" " "	
	Married, Single or Widowed	Married		Name of Wife or Husband		Lydia Fowler	
	Father's Name	George W. Courtney				Father's Birthplace	Harford Co.
PHYSICIAN OR CORONER	Mother's Maiden Name	Ellen Baker				Mother's Birthplace	Cecil Co.
	Name of person giving In formation	Henry B. Courtney				How related to deceased	Brother
	CAUSES OF DEATH						79
PHYSICIAN OR CORONER	Primary	Asthma				How long	5 or 6 yrs
	Immediate	Heart disease & Dropsy				How long	About 2 yrs
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		R. W. Smith
					Address		Havre de Grace
Accident or Suicide?		No					





Name  
in  
Full

William Crawford

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NEAREST FRIEND

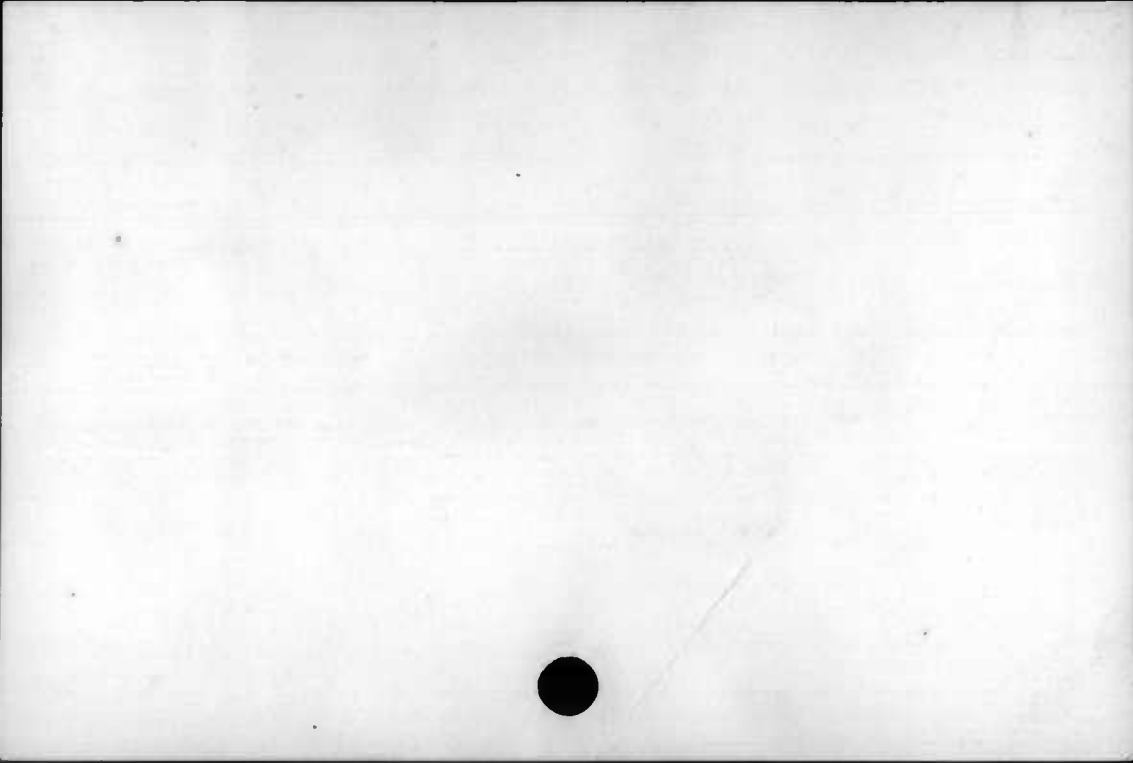
Died at		Town Harre de Grace		County Harford		MARYLAND	
Date	Month	Day	Age	Years	Months	Days	
of death	1908	3	14	—	—	5	
Sex	Male		Color or Race	White		Birth-place	Harre de Grace
Occupation	None			Where Residing if not at place of death			" " "
Married, Single or Widowed	Single		Name of Wife or Husband	None			
Father's Name	Harry Crawford				Father's Birthplace	Harre de Grace	
Mother's Maiden Name	Mattie Brooke				Mother's Birthplace	Chester Pa.	
Name of person giving information	Harry Crawford				How related to deceased	Father	

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary	Premature birth		How long	Four fair days	
Immediate			How long		
Are the name, age, sex, color, date and place correctly given above?			Yes		
Signature of Physician			R W Smith MD		
Address			Harre de Grace Md		
Accident or Suicide?					



Name  
in  
Full

## CERTIFICATE OF DEATH

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NEAREST FRIEND

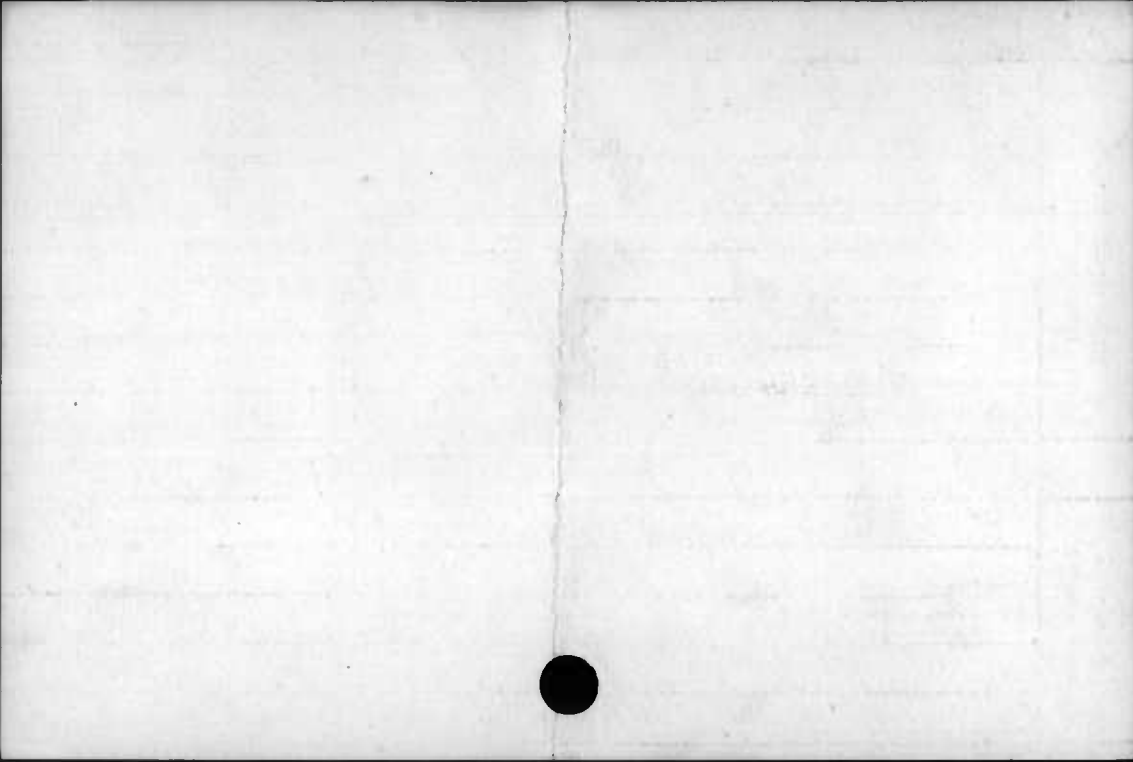
Died at <u>on R.R. Station</u> <u>Haystack</u> <u>Town</u> <u>County</u>		MARYLAND			
Date of death <u>1905</u>	Month <u>Mar</u>	Day <u>22</u>	Age <u>1</u> Years	Months <u>—</u>	Days <u>2</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Ma</u>			
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <u>Charles C. Lockman</u>		Father's Birthplace <u>Ma</u>			
Mother's Maiden Name <u>Emma A. Michael</u>		Mother's Birthplace <u>Ma</u>			
Name of person giving information <u>Emma A. Michael</u>		How related to deceased <u>Mother</u>			

## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary <u>Broncho pneumonia</u>	How long <u>2 weeks</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. R. Stiles</u>
	Address <u>3801 Bowdoin Ave.</u>
Accident or Suicide? <u>No</u>	<u>Phila. Pa.</u>



Name  
in  
Full

Laveria Elizabeth Dunsen

## CERTIFICATE OF DEATH

Died at *Mill Green* Town

County

MARYLAND

Date

of death

1908

Month

March

Day

30

Age

Years

28

Months

Days

Sex

Female

Color or  
Race

Colored

Birth-  
place

Mill Green

Occupation

House wife

Where Residing if not  
at place of death

Mill Green

Married, Single  
or WidowedName of Wife or  
Husband

John Dunsen

Father's  
Name

Mrs Jordan

Father's  
Birthplace

unknown

Mother's  
Maiden Name

Julia Morgan

Mother's  
Birthplace

Ind.

Name of person giving  
Information

John Dunsen

How related  
to deceased

Husband.

## CAUSES OF DEATH

27

Primary

Tuberculosis

How long

1 year

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

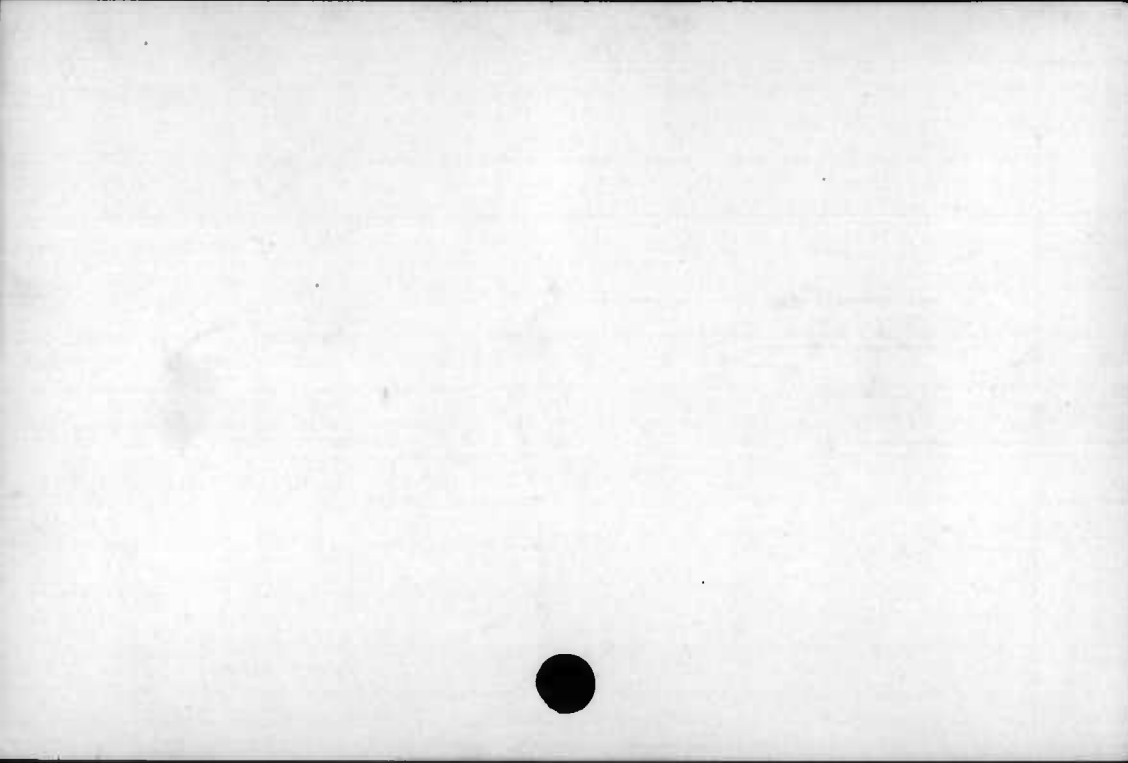
Signature of  
Physician

Address

Charles W. Harris  
Street  
Ind.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Henry W Earl

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

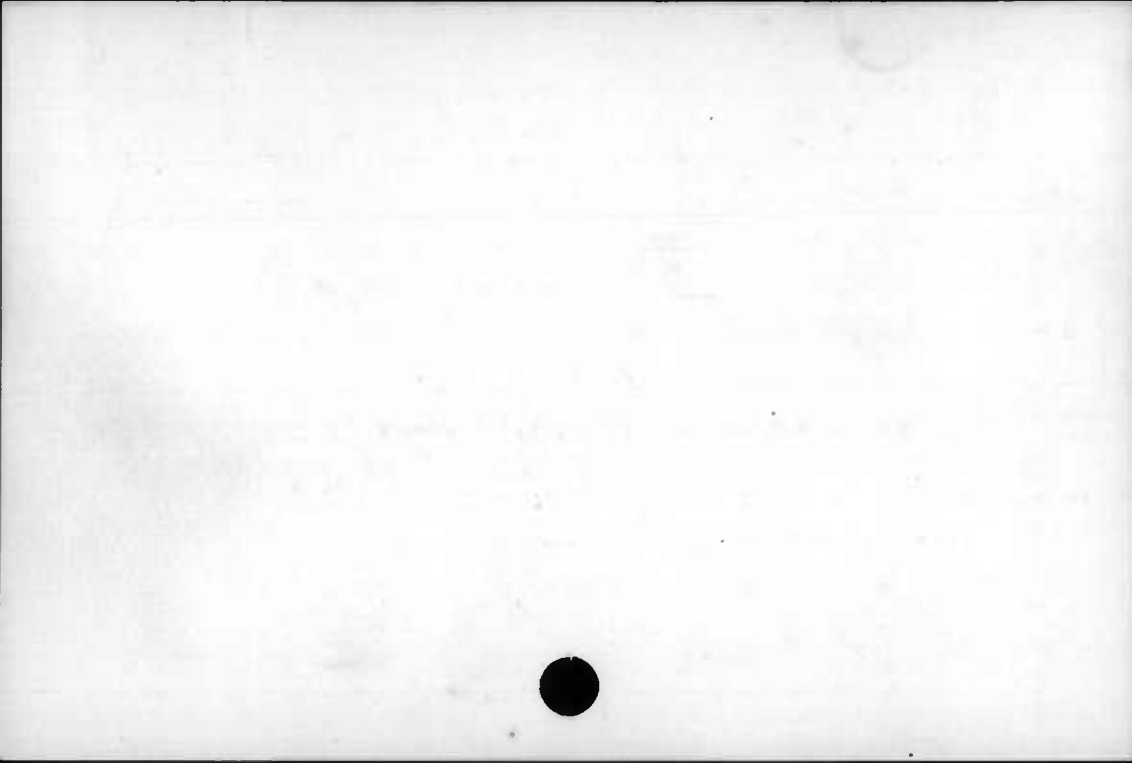
Died at <i>Harve de Grace</i> <sup>Town</sup>		<i>Harford</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1908</i>	<i>3</i> <sup>Month</sup>	<i>16</i> <sup>Day</sup>	Age <i>68</i> <sup>Years</sup>	<i>—</i> <sup>Months</sup>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>England</i>		
Occupation <i>Veterinary Surgeon</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>Mary A Earl</i>				
Father's Name <i>Cannot get it</i>	Father's Birthplace <i>Not known</i>				
Mother's Maiden Name <i>Cannot get it</i>	Mother's Birthplace <i>Not known</i>				
Name of person giving information <i>From personal knowledge</i>	How related to deceased				

## CAUSES OF DEATH

(97)

PHYSICIAN  
OR CORONER

Primary <i>Bronchial Asthma</i>	How long <i>3 yrs</i>
Immediate <i>Heart Failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. Howard</i>
	Address <i>Belknap Ind</i>
Accident or Suicide?	





Name  
in  
Full

Wm E Erving

## CERTIFICATE OF DEATH

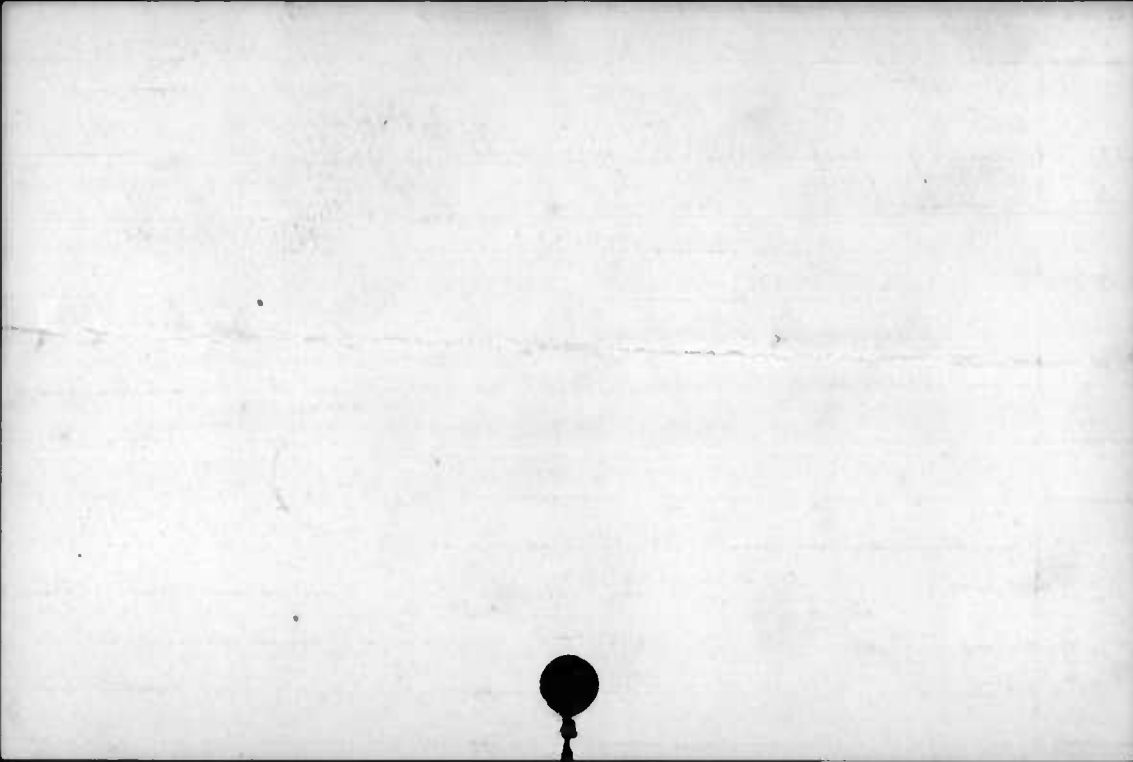
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Aldino</u> <sup>Town</sup>		<u>Harford</u> <sup>County</sup>		MARYLAND	
Date of death <u>1908</u> <sup>Month</sup> <u>March</u> <sup>Day</sup> <u>13</u>		Age <u>45</u> <sup>Years</sup>		Months <u>      </u> Days <u>      </u>	
Sex <u>male</u>		Color or Race <u>white</u>		Birth-place <u>Pleasant Hill</u>	
Occupation <u>Merchant</u>		Where Residing if not at place of death <u>Aldino Md</u>			
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Laura V. Preston</u>			
Father's Name <u>Lawson Erving</u>		Father's Birthplace <u>Md.</u>			
Mother's Maiden Name <u>Sarah Jane Shultz</u>		Mother's Birthplace <u>Ohio</u>			
Name of person giving information <u>S. R. Erving</u>		How related to deceased <u>Brother</u>			

## CAUSES OF DEATH

119

PHYSICIAN OR CORONER	Primary	<u>Acute Nephritis</u>	How long <u>2 or 3 weeks</u>
	Immediate	<u>Uræmic poisoning</u>	How long <u>3 or 4 days</u>
	Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>J. L. Hopkins</u>
	Address <u>Maure de Grace Md</u>		
Accident or Suicide? <u>      </u>			



Name  
in  
Full

Hester A. Gambrell

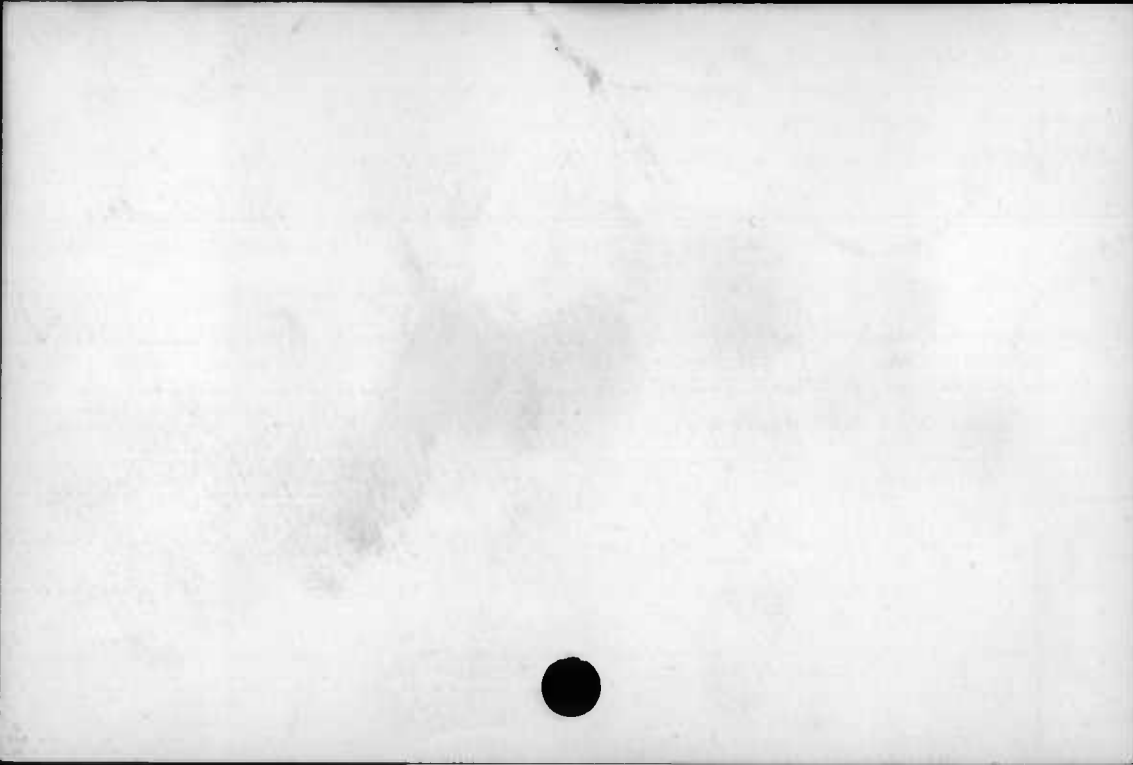
## CERTIFICATE OF DEATH

Died at		Town <i>Harrod Grace</i>		County <i>Barford</i>		MARYLAND	
Date	Month	Day	Years	Months	Days		
of death <i>1908</i>	<i>3</i>	<i>8</i>	Age <i>84</i>	<i>11</i>	<i>24</i>		
Sex	Color or Race		Birth-place				
<i>Female</i>	<i>White</i>		<i>Baltimore Co.</i>				
Occupation	Where Residing if not at place of death						
<i>House work</i>	<i>Harrod Grace</i>						
Married, Single or Widowed	Name of Wife or Husband						
<i>Widow</i>							
Father's Name	Father's Birthplace						
<i>Isaiah Baker</i>	<i>White Hall Balto Co.</i>						
Mother's Maiden Name	Mother's Birthplace						
<i>Mary A Cleworth</i>	<i>" " " "</i>						
Name of person giving information	How related to deceased						
<i>Mrs John Billingsley</i>	<i>Daughter</i>						

## CAUSES OF DEATH

154

PHYSICIAN OR CORONER	Primary	<i>Senile Debility</i>		How long	<i>1 yr</i>
	Immediate	<i>" "</i>		How long	<i>yr</i>
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
	<i>yes</i>		<i>J. Howard</i>		
		Address		<i>Harrod Grace</i>	
				<i>md.</i>	
Accident or Suicide?					



Name in Full

Certificate of Death

Susan Ellis

Town

County

Died at

Prigman

Kent

MARYLAND

Date 189

Y

Month

Day

Y.

M.

D.

Native of

Occupation

3

25

Age

5

Md

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Samuel Ellis

Mother's

Name

Sarah E. Wilmer

Cause of

Primary

Death

Immediate

Convulsions

71

How long sick

24 hrs

~~Accident, Suicide, Homicide~~

Reported by

Laurina Wilmer

Address

Prigman

Md

Must be signed by physician, if any, in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6596B



Name  
in  
Full

George W. Gorrell

## CERTIFICATE OF DEATH

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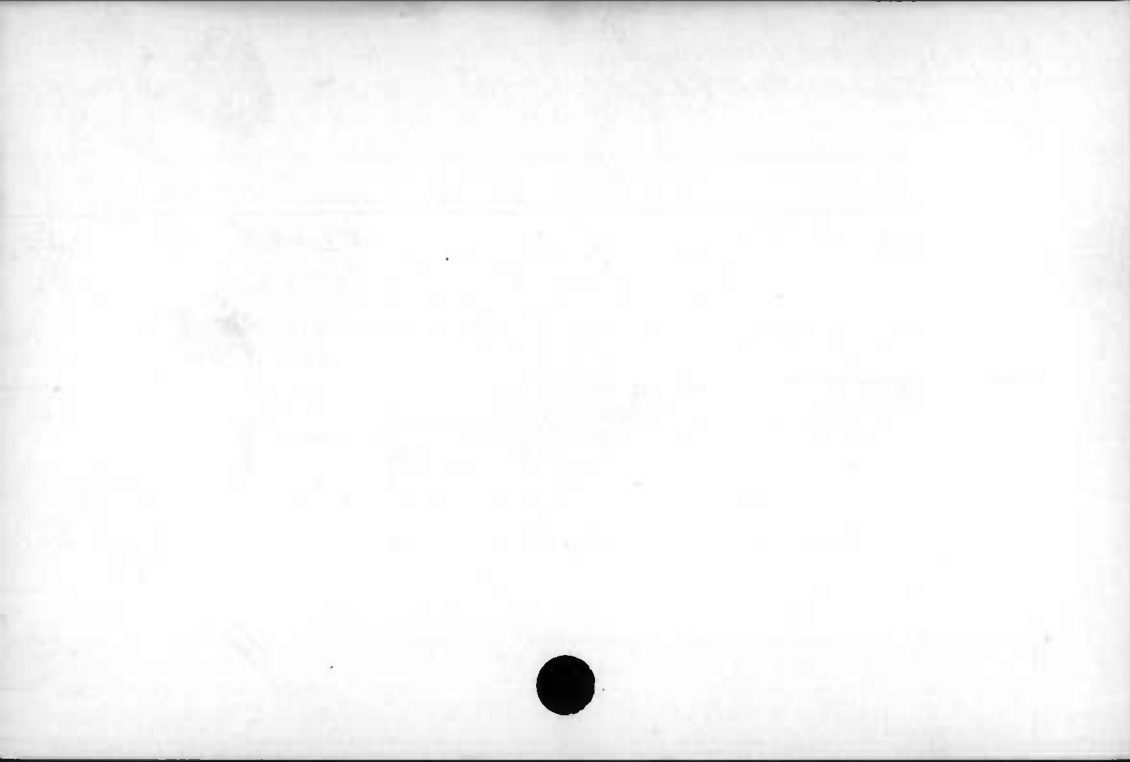
Died at		Town Poole		County Harford		MARYLAND	
Date of death		1908	Month March	Day 16	Age Years 74	Months 6	Days
Sex		Male		Color or Race White		Birth-place Harford Co, Md	
Occupation Carpenter				Where Residing if not at place of death Poole			
Married, Single or Widowed		Widower		Name of Wife or Husband		Sarah Jones	
Father's Name		Reason Gorrell				Father's Birthplace Md.	
Mother's Maiden Name		Martha West				Mother's Birthplace Md	
Name of person giving information		E A Gorrell				How related to deceased nephew	

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	Pneumonia	How long Ten days
Immediate	~~~~~	How long ~~~~~
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Ephraim Hopkins
yes		Address Darlington
Accident or Suicide?		Md





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full		Amanda E. Hanway		Town		Forest Hill		County		Harford		MARYLAND			
Died at		Date of death		Month		Day		Age		Years		Months		Days	
1908		Mar		3		Age		60							
Sex		Female		Color or Race		White		Birth-place		Ind.					
Occupation		Housewife		Where Residing if not at place of death		Forest Hill									
Married, Single or Widowed		Name of Wife or Husband		Wm. E. Hanway											
Father's Name		Joseph Ashton		Father's Birthplace		Ind.									
Mother's Maiden Name		Hannah Street		Mother's Birthplace		Ind.									
Name of person giving Information		Harry D. Hanway		How related to deceased		Brother-in-law									

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary		Cerebral Haem.		How long		Sudden	
Immediate		Paralysis		How long			
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		F. P. Denton	
				Address		Forest Hill	
Accident or Suicide?							

Black Spring

Name  
in  
Full

Rilla Matilda Tankins

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
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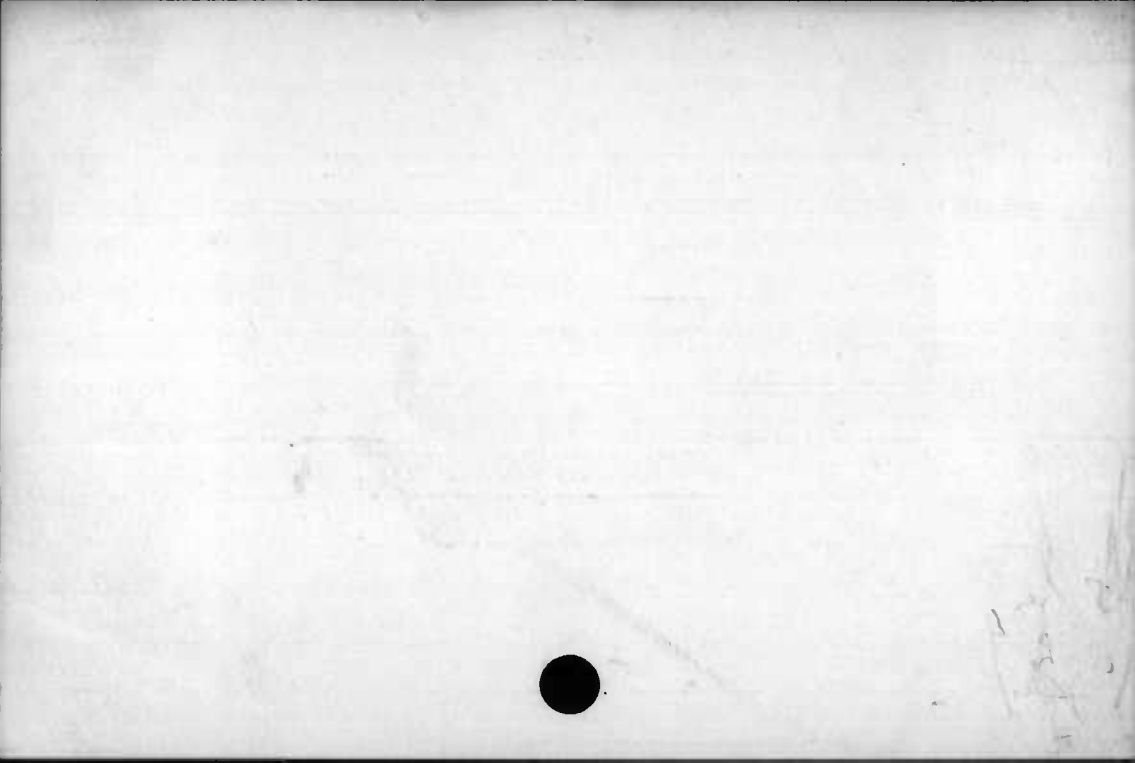
Died at <b>Poole</b>		Town		<b>Harford</b>		County		MARYLAND	
Date of death <b>1908</b>		Month <b>March</b>		Day <b>21</b>		Age <b>70</b>		Years	
Sex <b>Female</b>		Color or Race <b>White</b>		Birth-place <b>Lond. Md.</b>		Months		Days <b>1</b>	
Occupation <b>Housewife</b>				Where Residing if not at place of death <b>—</b>					
Married, Single or Widowed <b>Widowed</b>		Name of Wife or Husband <b>John Tankins</b>							
Father's Name <b>John Russel</b>		Father's Birthplace <b>Conn. known.</b>				Place not known.			
Mother's Maiden Name <b>Ann Donahoe</b>		Mother's Birthplace <b>England;</b>				How related to deceased <b>Sister.</b>			
Name of person giving information <b>Mrs. Mae M. Lann.</b>									

CAUSES OF DEATH

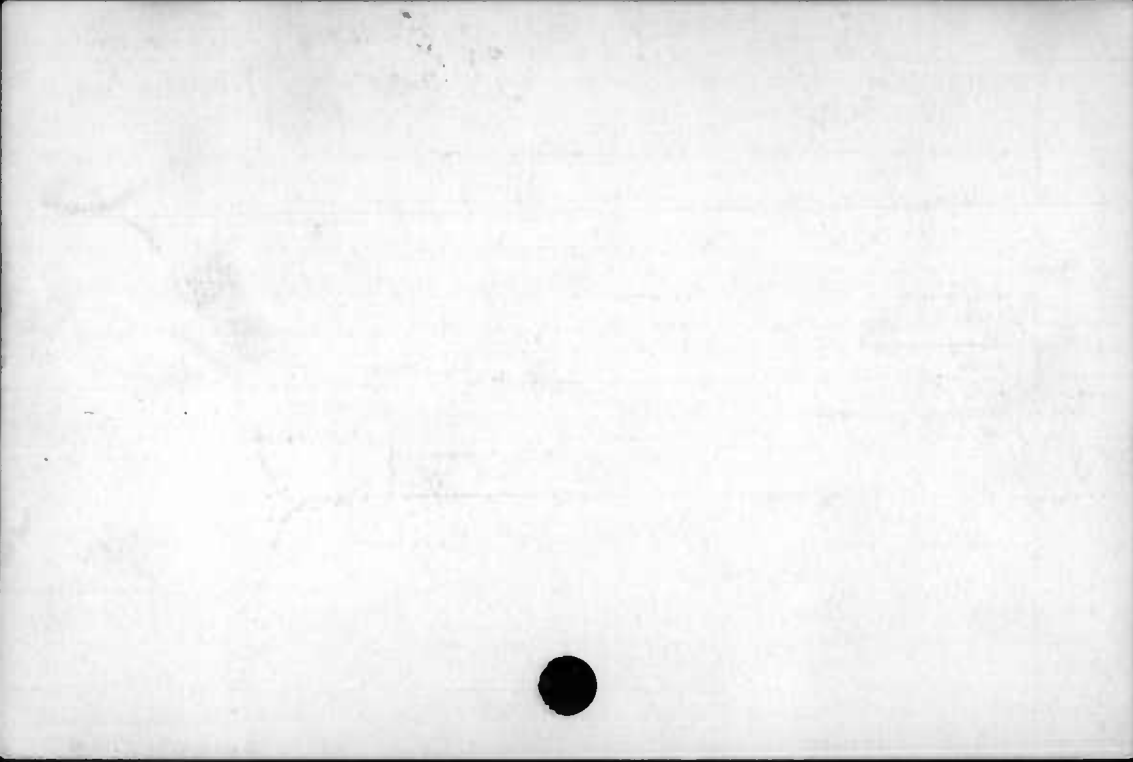
**64**

PHYSICIAN  
OR CORONER

Primary		How long	
Immediate <b>Apoplexy.</b>		How long <b>Five Days.</b>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <b>J. H. Davis,</b>	
		Address <b>Bastleton, Md.</b>	
Accident or Suicide?			



Name in Full		Abraham Hoover				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Valle</u> <small>Town</small>		<u>Hanford</u> <small>County</small>		MARYLAND	
		Date of death <u>1908</u> <small>Month</small> <u>March</u> <small>Day</small> <u>19</u> <small>Years</small> <u>68</u> <small>Months</small> <u>    </u> <small>Days</small> <u>    </u>		Age			
		Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Pa.</u>	
		Occupation <u>Brick maker</u>		Where Residing if not at place of death <u>Wales</u>			
		Married, Single or Widowed <u>Widower</u>		Name of Wife or Husband <u>Mary A. Hoover</u>			
		Father's Name <u>Charles W. Hoover</u>		Father's Birthplace <u>Pa.</u>			
Mother's Maiden Name <u>Cathrine Ruth</u>		Mother's Birthplace <u>Pa.</u>					
Name of person giving information <u>Cathrine Campbell</u>		How related to deceased <u>Daughter</u>					
		CAUSES OF DEATH				(40)	
PHYSICIAN OR CORONER		Primary <u>Cancer of Stomach</u>		How long <u>Several years -</u>			
		Immediate <u>Exhaustion &amp; syncope</u>		How long <u>few hours</u>			
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>G. F. Vant Sibold</u>			
				Address <u>Belair</u>			
		Accident or Suicide? <u>No</u>				<u>Md.</u>	



Name  
in  
Full

Fredrick Kerler

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Diad at *Chrome Hill* Town *Harford* County  
 Date of death 1908 *March* Month *7* Day *6 AM* Age *60* Years *4* Months *11* Days

Sex *Male* Color or Race *White* Birth-place *Germany*  
 Occupation *Farmer* Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed *Married* Name of Wife or Husband *Mary E Stclair*  
 Father's Name *John Godfrey* Father's Birthplace *Germany*

Mother's Maiden Name *Caroline Frey* Mother's Birthplace *"*

Name of person giving Information *Mary E Stclair Kerler* How related to deceased *Wife*

## CAUSES OF DEATH

28

Primary *Tuberculosis* How long *4 months*  
 Immediate *Dropsy & Heart trouble* How long *2 weeks*

Are the name, age, sex, color, data and place correctly given above?

yes

Signature of Physician

Attended by Dr *C H Mcnemar*  
 Address \_\_\_\_\_

Accident or Suicide \_\_\_\_\_

PHYSICIAN  
OR CORONER

Disinterment and removal  
from Tom Wallis Memorial to  
Bethel



Name  
in  
Full

Frederick Kerler

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Chorone Hill</i> Town		<i>Harford</i> County		MARYLAND	
Date of death	<i>1908</i>	Month	<i>March</i>	Day	<i>7<sup>th</sup></i>
Age		<i>60</i>	Years	Months	<i>4</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Memmingen Germany</i>
Occupation	<i>Farm Laborer</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Mary Elizabeth St Clair</i>		
Father's Name	<i>John Godfrey</i>		Father's Birthplace	<i>Germany</i>	
Mother's Maiden Name	<i>Elizabeth Frey</i>		Mother's Birthplace	<i>"</i>	
Name of person giving information	<i>M &amp; Kerler</i>		How related to deceased	<i>Wife</i>	

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<i>Tuberculosis of Lungs</i>	How long	<i>8 months</i>
Immediate	<i>Dropsy</i>	How long	<i>2 "</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Undertaker E. J. Kurtz</i>	
		Address	
		<i>Garrettsville, Md</i>	
Accident or Suicide? <i>Signed by Undertaker in absence of the Doctor</i>			

Ann 1870

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

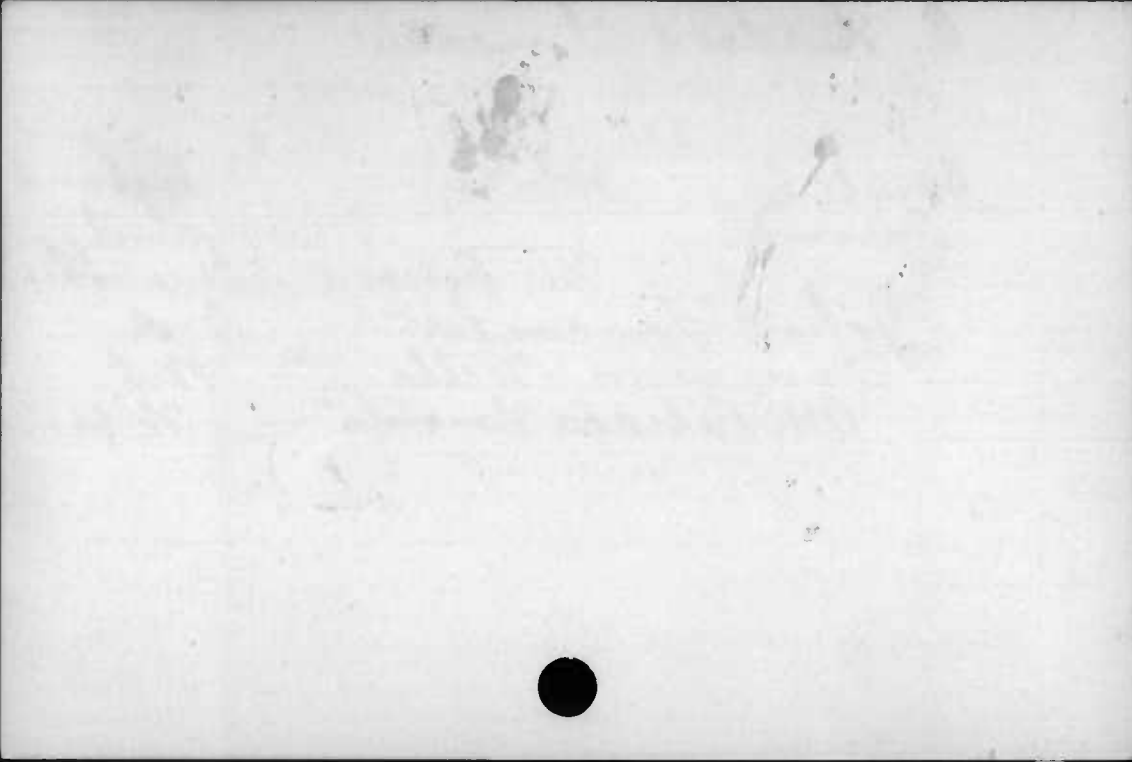
Name in Full <i>Rebecca J Kimble</i>		Town <i>Michaelsville</i>		County <i>Harrison</i>		MARYLAND	
Died at <i>Michaelsville</i>		Month <i>March</i>		Day <i>22</i>		Year <i>1905</i>	
Date of death <i>1905 March 22</i>		Age <i>55</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth- place <i>Pa.</i>			
Occupation <i>housekeeper</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>H. F. Kimble</i>					
Father's Name <i>John Anderson</i>		Father's Birthplace <i>Pa.</i>					
Mother's Maiden Name <i>Daruk Parker</i>		Mother's Birthplace <i>Pa.</i>					
Name of person giving information <i>H. F. Kimble</i>		How related to deceased <i>husband</i>					

## CAUSES OF DEATH

48

PHYSICIAN  
OR CORONER

Primary <i>Rheumatism</i>		How long <i>3 yrs.</i>	
Immediate <i>Heart failure</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. H. Otis</i>	
		Address <i>Perryman</i>	
Accident or Suicide? <i>—</i>		<i>Rec.</i>	



Name  
in  
Full

E. Hudson Lancaster

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

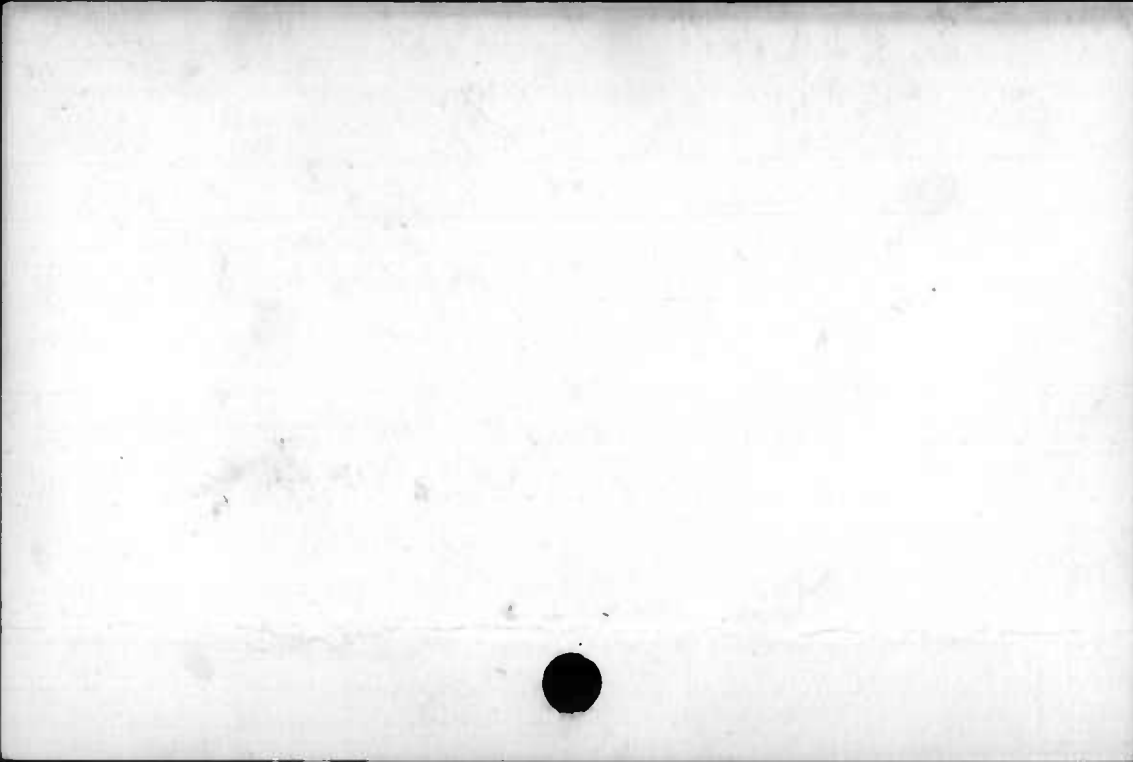
Died at		Town Pleasantville		County Hearford		MARYLAND	
Date of death		Month 8 Mar	Day 28	Years 5-8-	Months 6	Days	
Sex Male		Color or Race White		Birth-place Maryland			
Occupation Farmer		Where Residing if not at place of death Maryland					
Married, <del>Single</del> or Widowed		Name of Wife or Husband M. Rebecca Lancaster					
Father's Name John Lancaster		Father's Birthplace Md					
Mother's Maiden Name Mary Ann Wells		Mother's Birthplace Md					
Name of person giving information M. Rebecca Lancaster		How related to deceased Wife					

## CAUSES OF DEATH

40

PHYSICIAN  
OR CORONER

Primary Carcinoma of stomach		How long One Year	
Immediate			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Geo. W. Davis M.D.	
		Address Pleasantville	
Accident or Suicide?		Md	



Name  
in  
Full

Wm. J. Mc Kee

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

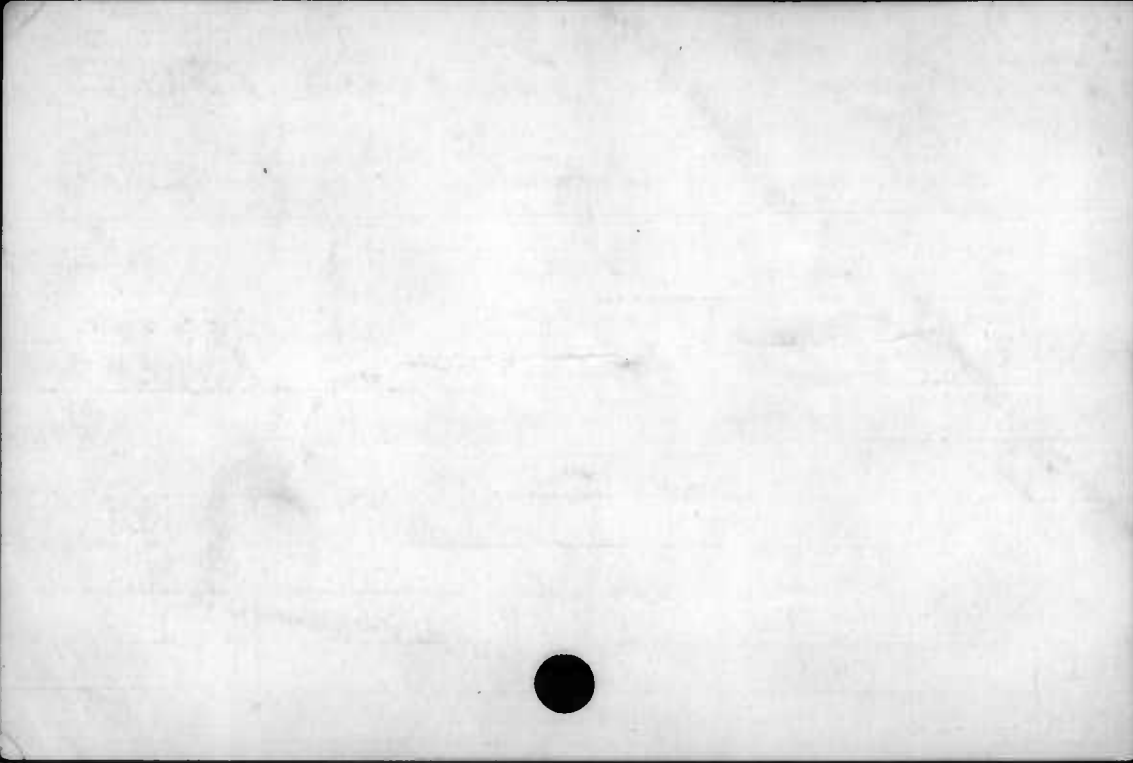
Died at <u>Sharon</u> Town		<u>Harford</u> County		MARYLAND	
Date of death	<u>1908</u> Month	<u>March</u> Day	<u>2d</u> Age	<u>68</u> Years	<u>1</u> Months
				<u>28</u> Days	
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Balto City</u>
Occupation	<u>Wheerwright</u>		Where Residing if not at place of death <u>Sharon Md</u>		
Married, <del>Single</del> or <del>Widowed</del>	Name of Wife or Husband <u>Mary J. Mc Kee</u>				
Father's Name	<u>David Mc Kee</u>			Father's Birthplace	<u>Ireland</u>
Mother's Maiden Name	<u>Jane King</u>			Mother's Birthplace	<u>Ida</u>
Name of person giving information	<u>Mary Mc Kee</u>			How related to deceased	<u>Wife</u>

## CAUSES OF DEATH

45

PHYSICIAN  
OR CORONER

Primary	<u>Carcinoma of Neck</u>	How long	<u>About 1 year</u>
Immediate	<u>Exhaustion</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>H. F. Bradley</u>	
<u>yes</u>		Address <u>Gamettville Md</u>	
Accident or Suicide?			





Name  
in  
Full

Mary S. Maddox

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

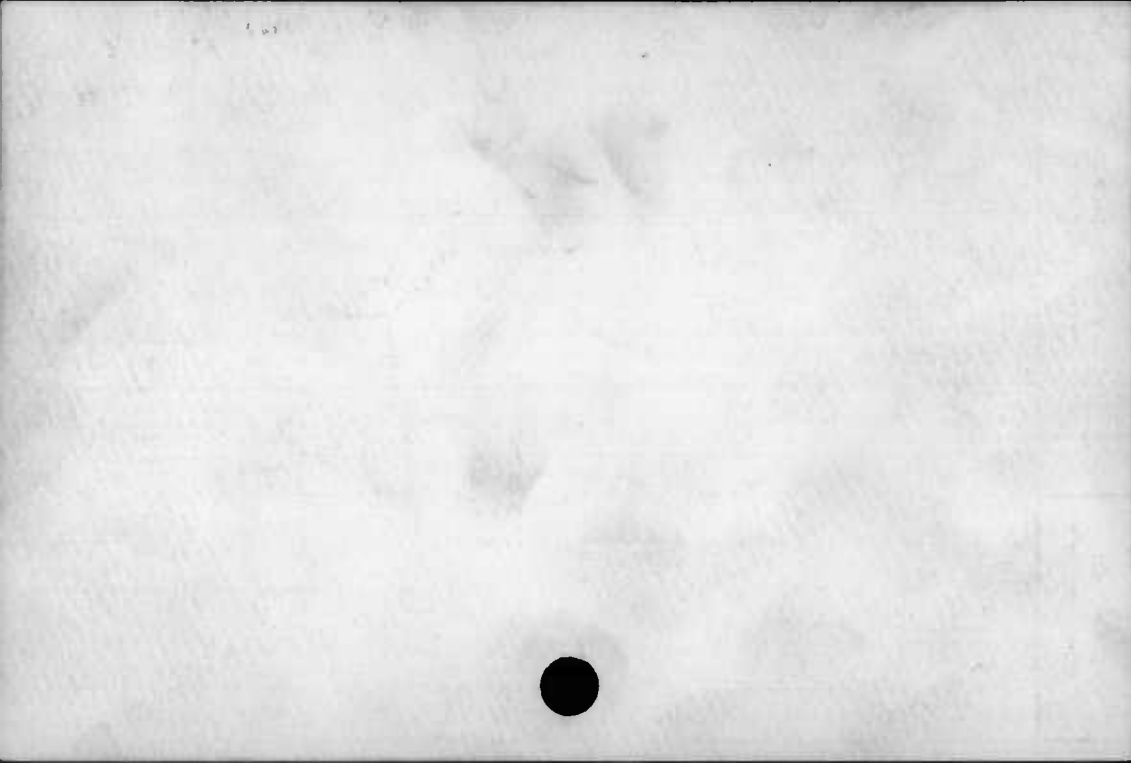
Died at <sup>Town</sup> <i>Harre de Grace</i>		<sup>County</sup> <i>Harford</i>		MARYLAND	
Date of death	1908	Month	3	Day	4
Age	2	Years	6	Months	~
Sex	<i>Female</i>	Color or Race	<i>Black</i>	Birth-place	<i>Harre de Grace</i>
Occupation	<i>None</i>		Where Residing if not at place of death <i>" " "</i>		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband	<i>None</i>		
Father's Name	<i>John H. Maddox</i>			Father's Birthplace	<i>Harford Co</i>
Mother's Maiden Name	<i>Celeste Skinner</i>			Mother's Birthplace	<i>Harre de Grace</i>
Name of person giving information	<i>John H. Maddox</i>			How related to deceased	<i>Father</i>

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>10 days</i>
Immediate	<i>"</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Al B. King</i>
		Address	<i>Harre de Grace</i>
Accident or Suicide?			



Name  
In  
Full

Sarah Elizabeth Arr

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Dublin</u> <small>Town</small>		<u>Harford</u> <small>County</small>		MARYLAND	
Date of death <u>1908</u> <small>Year</small> <u>Mar.</u> <small>Month</small> <u>17<sup>th</sup></u> <small>Day</small>		Age <u>74</u> <small>Years</small>		<u>2</u> <small>Months</small>	<u>10</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Harford Co., Md.</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>Saml. M. Arr.</u>				
Father's Name <u>Robert Henry</u>	Father's Birthplace <u>Not Known.</u>				
Mother's Maiden Name <u>Ann James</u>	Mother's Birthplace <u>Harford Co., Md.</u>				
Name of person giving information <u>Robert Arr</u>	How related to deceased <u>Son.</u>				

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary		How long	
Immediate	<u>Senile Dementia</u>	How long	<u>Three months</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>J. H. Tobias, M.D.</u>	
<u>Yes.</u>		Address <u>Castleton, Md.</u>	
Accident or Suicide?			

20 at Labomade

Name  
In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

## CAUSES OF DEATH

154

How long

How long

PHYSICIAN  
OR CORONER

Primary

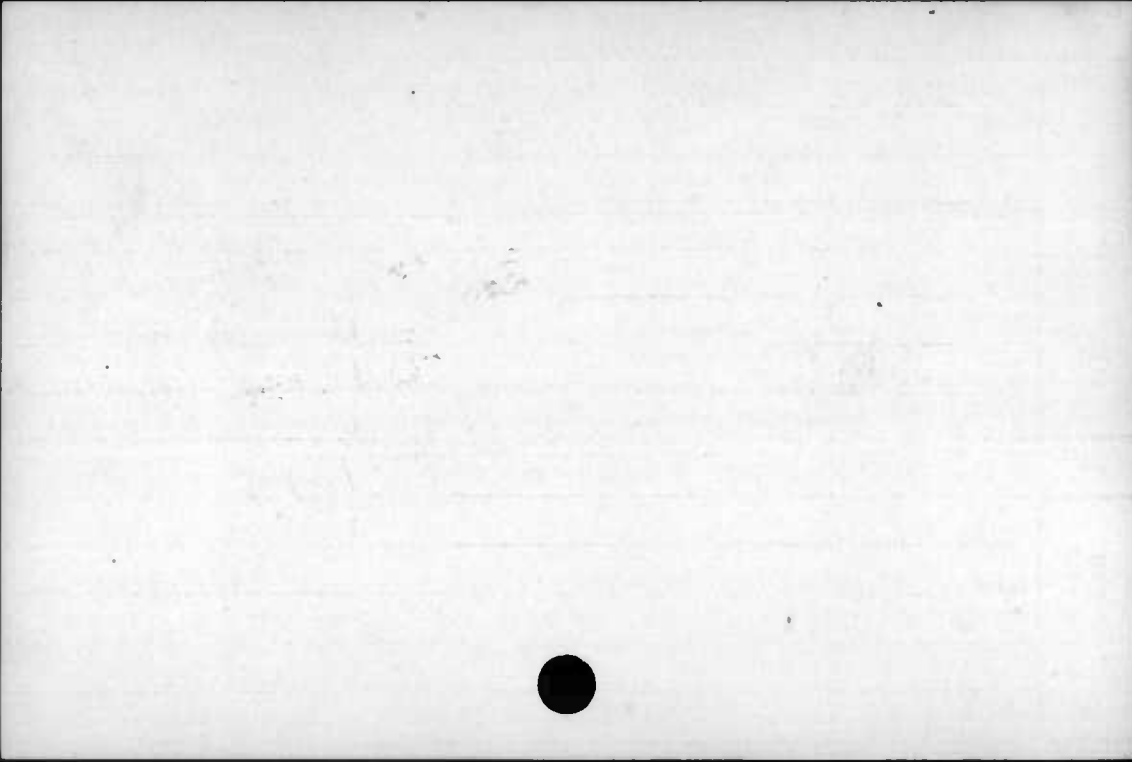
Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

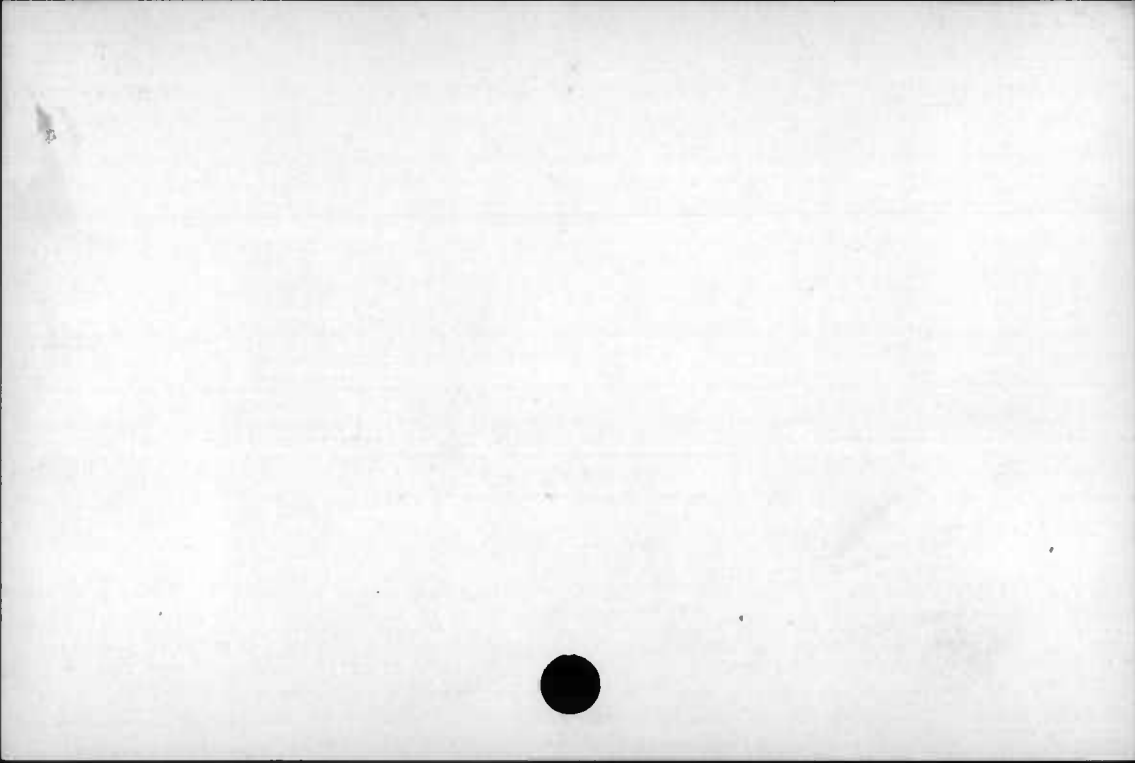
Address

Accident or Suicide?



Name in Full		Nancy Presbrey				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Bastleton		Harford		MARYLAND	
	Date of death	1908	Month Mar.	Day 1st	Age 25	Years	Months 5-
	Sex	Female		Color or Race	Colored		Birth- place
	Occupation	Housemaid		Where Residing If not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Henry Presbrey				Father's Birthplace	Not Known.
	Mother's Maiden Name	Kissiah Prigg				Mother's Birthplace	Harford Co. Md.
Name of person giving Information	Albert Presbrey				How related to deceased	Brother.	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary					How long	
	Immediate	Pulmonary Tuberculosis				How long	Not Known.
	Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician		J. H. Dias.
					Address		Bastleton, Md.
	Accident or Suicide?						

27





Name  
in  
Full

Louisa Briggs.

## CERTIFICATE OF DEATH

MARYLAND

Died at Castleton <sup>Town</sup>Harford <sup>County</sup>Date  
of death 1908 <sup>Month</sup> Mar. <sup>Day</sup> 20<sup>th</sup>Age 13 <sup>Years</sup>3 <sup>Months</sup>12 <sup>Days</sup>Sex FemaleColor or  
Race ColoredBirth  
place Castleton, Md.Occupation School-girlWhere Residing If not  
at place of deathMarried, Single  
or Widowed SingleName of Wife or  
HusbandFather's  
Name Horace BriggsFather's  
Birthplace Harford Co. Md.Mother's  
Maiden Name Louisa Sprigg.Mother's  
Birthplace Harford Co. Md.Name of person giving  
In formation Horace Briggs.How related  
to deceased Father.

## CAUSES OF DEATH

120

Primary

How long

Immediate

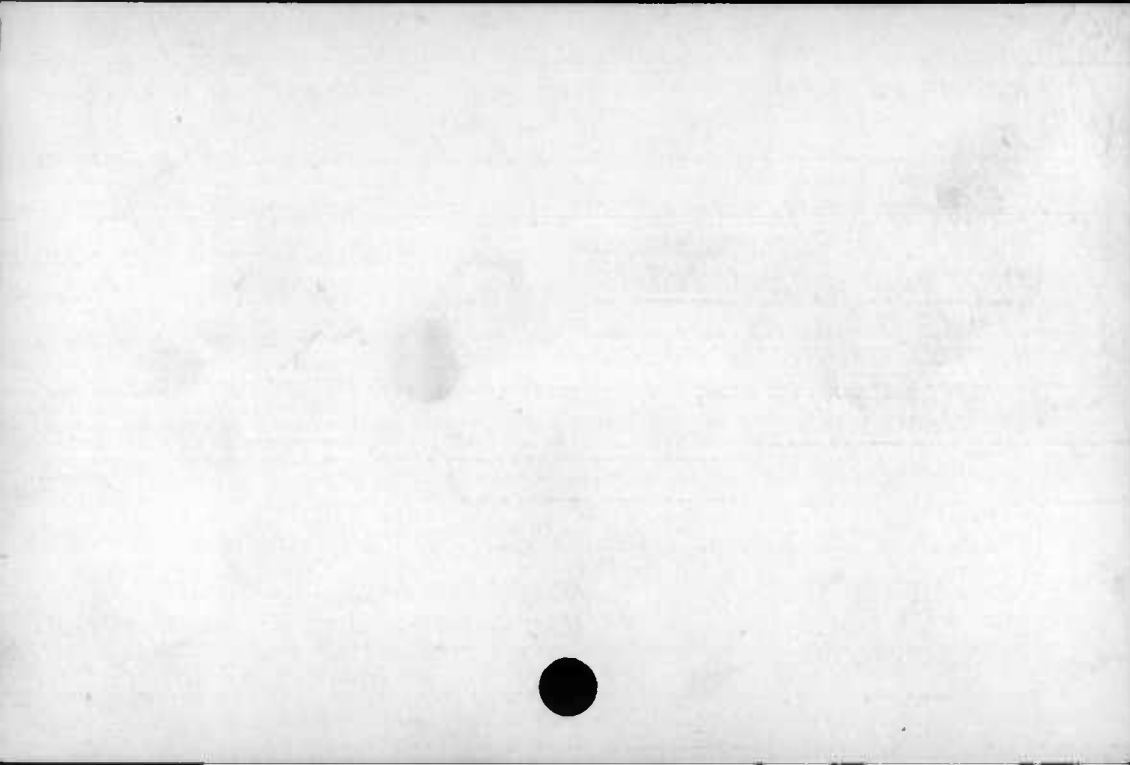
How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Dr E Hall Richardson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

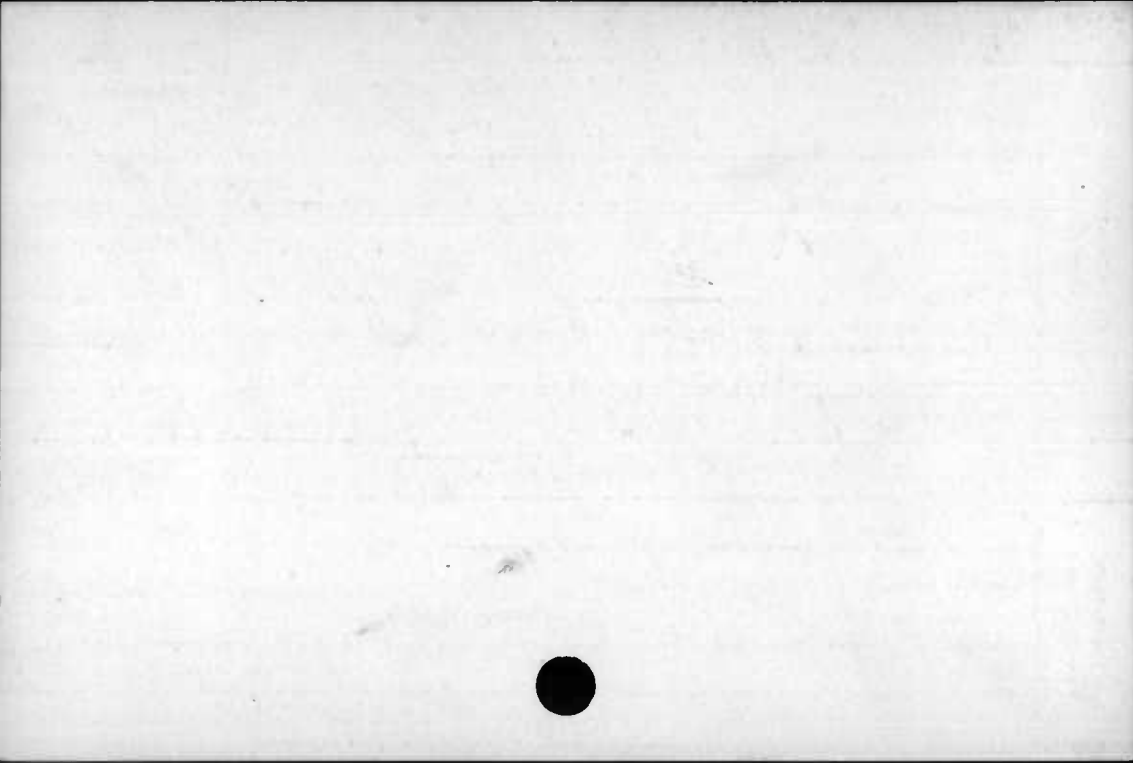
Died at <i>Bel Air</i> <sup>Town</sup>		<i>Harford</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1908</i>	Month <i>March</i>	Day <i>7</i>	Age <i>40</i>	Months <i>4</i> Days <i>3</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>md</i>		
Occupation <i>M.D. Physician</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Charlotte Rogers</i>				
Father's Name <i>Wm S Richardson</i>	Father's Birthplace <i>md</i>				
Mother's Maiden Name <i>Bessie Bissell</i>	Mother's Birthplace <i>do</i>				
Name of person giving information <i>Chas Rogers</i>	How related to deceased <i>brother</i>				

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary <i>Lobar Pneumonia</i>	How long <i>1-2 days</i>
Immediate <i>Pulmonary Oedema</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R S. Page</i>
	Address <i>Bel Air</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Samuel A. Sanner</i>		Town <i>Perryman</i>		County <i>Harford</i>		MARYLAND	
Died at <i>Perryman</i>		Month <i>Mar</i>		Day <i>24</i>		Age <i>60</i> Years	
Date of death <i>1905</i>		Month <i>Mar</i>		Day <i>24</i>		Age <i>60</i> Years	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Pennsylvania</i>		Months <i>11</i> Days <i>24</i>	
Occupation <i>Watchman on B.R.</i>		Where Residing if not at place of death <i>Perryman</i>					
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Annie B. Sanner</i>					
Father's Name <i>Henry Sanner</i>		Father's Birthplace <i>Perryman</i>					
Mother's Maiden Name <i>Williamson</i>		Mother's Birthplace <i>Perryman</i>					
Name of person giving information <i>Fannie Simmons</i>		How related to deceased <i>Daughter</i>					

## CAUSES OF DEATH

104

How long

6 mo.

How long

immediate

Primary

*Indigestion*

Immediate

*Heart Failure*

Are the name, age, sex, color, date and place correctly given above?

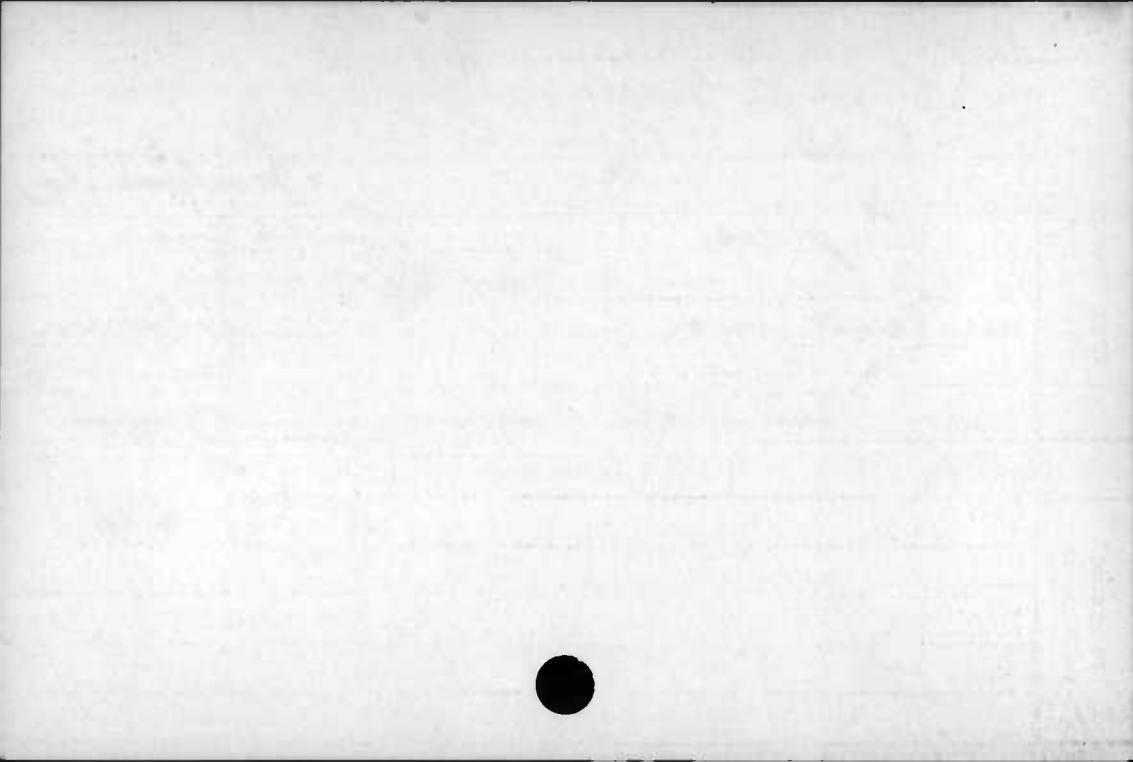
*yes*

Signature of Physician

Address

*Station  
Perryman  
Md.*

Accident or Suicide?



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

MARYLAND

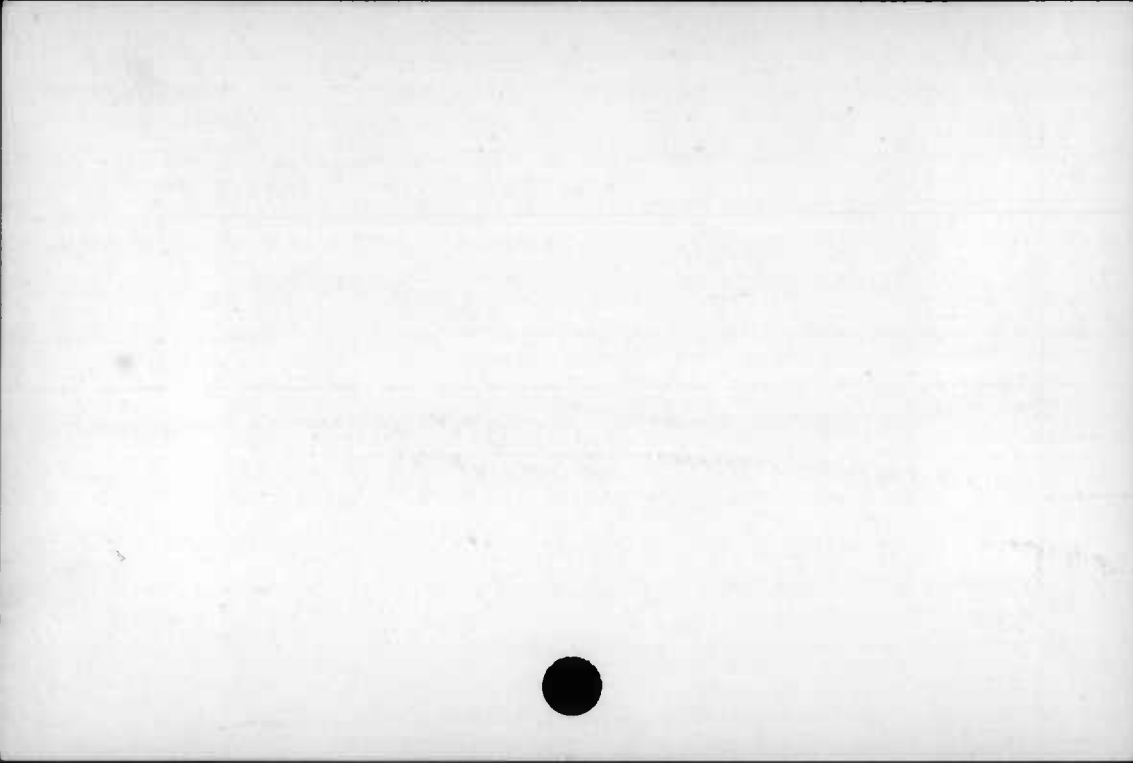
Died at *Harre de Grace* <sup>Town</sup> *Harford* <sup>County</sup>Date of death *1908* <sup>Month</sup> *3* <sup>Day</sup> *8* <sup>Years</sup> *83* <sup>Months</sup> *11* <sup>Days</sup> *—*Sex *Male* Color or Race *White* Birth-place *Montgomery Co. Md.*Occupation *Engineer* Where Residing if not at place of death *Harre de Grace*Married, Single or Widowed *Married* Name of Wife or ~~Husband~~ *Mary M. Gurnsley*Father's Name *Unknown* Father's Birthplace *Unknown*Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*Name of person giving information *Mrs. Hunter C. Jefferson* How related to deceased *Daughter*

## CAUSES OF DEATH

179

Primary *General Debility of Age* <sup>How long</sup> *not well for 10 or 12 yrs*Immediate *Heart Weakness* <sup>How long</sup> *3 or 4 months*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *R. M. Smith*Address *Harre de Grace Md*

Accident or Suicide?





Name  
in  
Full

Lewis A. Sprigg

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month		Day		Years	
of death		1908		Mar.		13	
Sex		Male		Color or Race		Colored	
Occupation		black.		Where Residing if not at place of death		Harford	
Married, Single or Widowed		Married		Name of Wife or Husband		Ida Sprigg	
Father's Name		Lewis Sprigg		Father's Birthplace		Not Known.	
Mother's Maiden Name		Not Known		Mother's Birthplace		Not Known.	
Name of person giving information		Lawrence Prigg.		How related to deceased		Nephew.	

## CAUSES OF DEATH

36

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	
Signature of Physician	
Address	
Accident or Suicide?	

Tertiary Syphilis

J. H. Irias.  
Bastleton, Md.



Name  
in  
Full

Katherine Swift.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

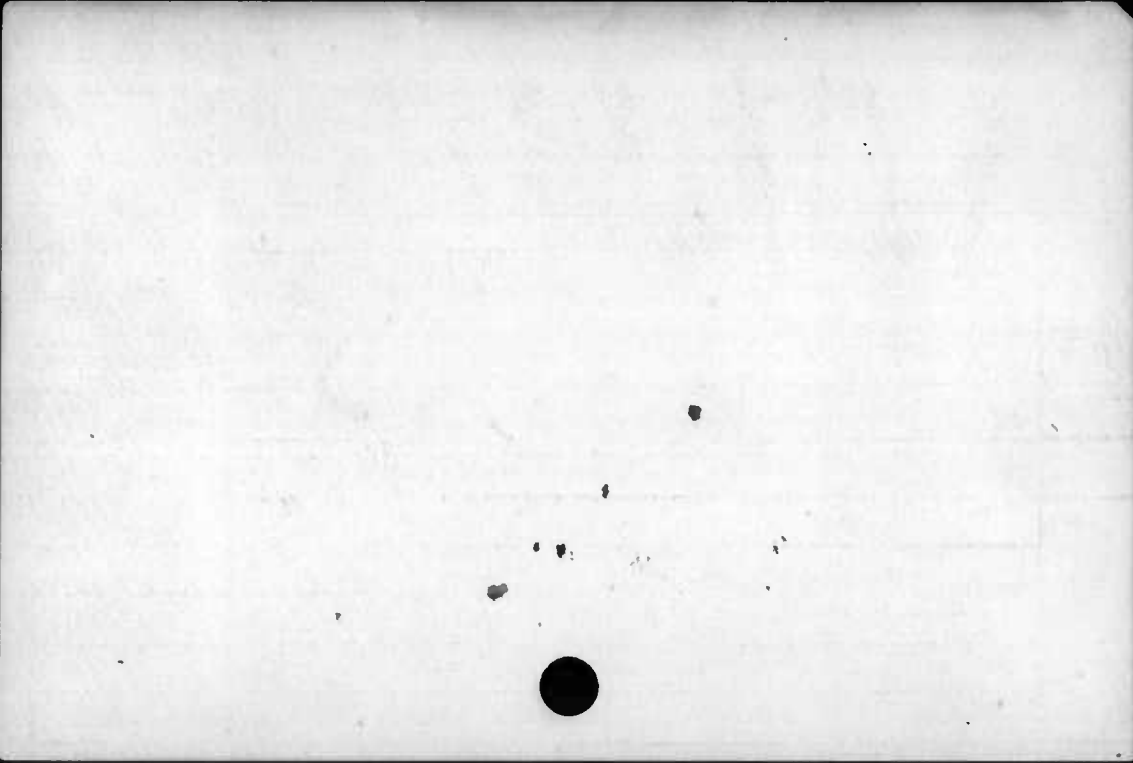
Died at		Dublin		County		Harford		MARYLAND			
Date of death		1908	Month	Mar.	Day	28	Age	74	Years	Months	Days
Sex		Female		Color or Race		White		Birth-place		York, Pa.	
Occupation		Housekeeper		Where Residing if not at place of death							
Married, Single or Widowed		Widowed		Name of Wife or Husband		James H. Swift					
Father's Name		Jacob Sazette		Father's Birthplace		Ireland.					
Mother's Maiden Name		Elizabeth Bowers		Mother's Birthplace		York, Pa.					
Name of person giving information		Mrs. H. Lee		How related to deceased		Daughter.					

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes.		J. H. Brian	
		Address	
		Castleton, Md.	
Accident or Suicide?			



Name  
In  
Full

Sarah Annamaria Walsh

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

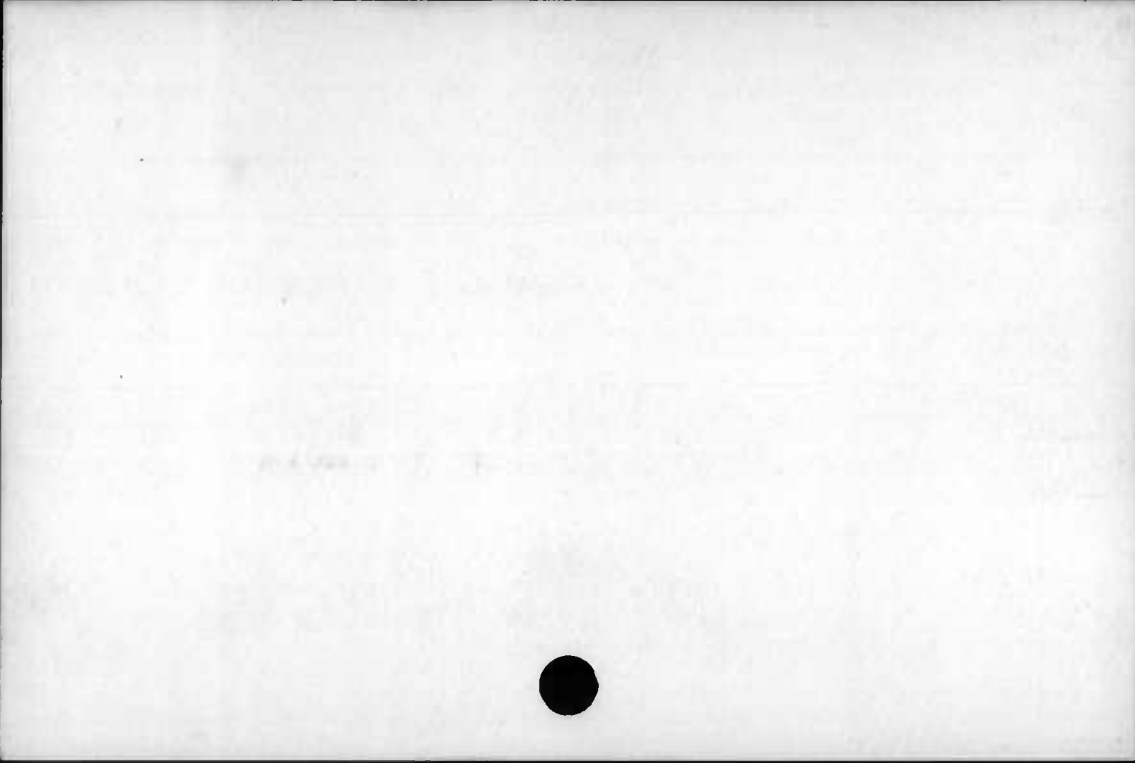
Died at <i>Church</i> <sup>Town</sup> <i>Jerusalem</i> <sup>County</sup> <i>Harpford</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>March</i>	Day <i>7<sup>d</sup></i>	Age <i>90</i>
Sex <i>Female</i>		Color or Race <i>White</i>	Birth-place <i>Harpford Co. Md.</i>
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>same</i>	
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>John Carroll Walsh</i>		
Father's Name <i>Ralph S. Lee</i>	Father's Birthplace <i>Thompsland</i>		
Mother's Maiden Name <i>Alice Anne Bond</i>	Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Dr Ralph Walsh</i>	How related to deceased <i>Son</i>		

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary <i>Apoplexy</i>	How long <i>3 days</i>
Immediate <i>Exhaustion</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. P. [Signature]</i>
	Address <i>Fallsville P.O.</i>
	<i>Harpford Co. Md.</i>
Accident or Suicide? <i>no</i>	



Name  
in  
Full

*Sylvester Washington cold*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Darlington</i> <sup>Town</sup>		<i>Harford</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>	Month <i>March</i>	Day <i>4</i>	Age <i>74 yrs</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Harford Co Md</i>		
Occupation <i>Laborer</i>			Where Residing if not at place of death <i>Darlington</i>		
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Mary Washington</i>			
Father's Name <i>Isaac Washington</i>			Father's Birthplace <i>Harford Co Md</i>		
Mother's Maiden Name <i>Fanny</i> <i>don't know</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Isaac Washington</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

**154**

PHYSICIAN  
OR CORONER

Primary <i>old age, arteriosclerosis</i>	How long <i>a year</i>
Immediate <i>exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Ephro H. Perkins</i>
	Address <i>Darlington Md</i>
Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

James David Watters

Died at *Bel Air* Town

County

*Harford County*

MARYLAND

Date

of death *1908*

Month

*March*

Day

*29*Age *74*

Years

Months

Days

Sex

*male*Color or  
Race*white*Birth-  
place*Thomas Run, Md*

Occupation

*Retired Judge*Where Residing if not  
at place of deathMarried, Single  
or Widowed*Married*Name of Wife or  
Husband*Larry Howard Mummie Rhayser*Father's  
Name*Henry G. Watters*Father's  
Birthplace*Thomas Run, Md*Mother's  
Maiden Name*Mary Cleudemine*Mother's  
Birthplace*Harford Co., Md*Name of person giving  
in information*Anna Mary Watters*How related  
to deceased*daughter*

## CAUSES OF DEATH

120

Primary

*Chronic Interstitial nephritis*

How long

*Several years -*

Immediate

*Coma*

How long

*24 hours*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician

Address

*A. F. Van Dribben, M.D.**Bel Air*

Accident or Suicide?

*No*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

James D. Watters

January 11 - 1854

March 29 - 1908

Name  
in  
Full

Elizabeth S. Winchester

CERTIFICATE OF DEATH

Died at

Bel Air

Town

Harford

County

MARYLAND

Date

of death 1908

Month

March

Day

2

Years

Age

89

Months

10

Days

Sex

Female

Color of  
Face

White

Birth-  
place

Ireland

Occupation

None

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Widow

Name of ~~Wife~~  
Husband

James Winchester

Father's  
Name

Sedgely Smith

Father's  
Birthplace

Ireland

Mother's  
Maiden Name

Mary Dalton

Mother's  
Birthplace

Ireland

Name of person giving  
information

H. S. Winchester

How related  
to deceased

Son.

## CAUSES OF DEATH

64

Primary

Cerebral Edema

How long

3 or 4 days -

Immediate

Coma and respiratory failure

How long

36 hours -

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

A. F. Van Bibber -

Address

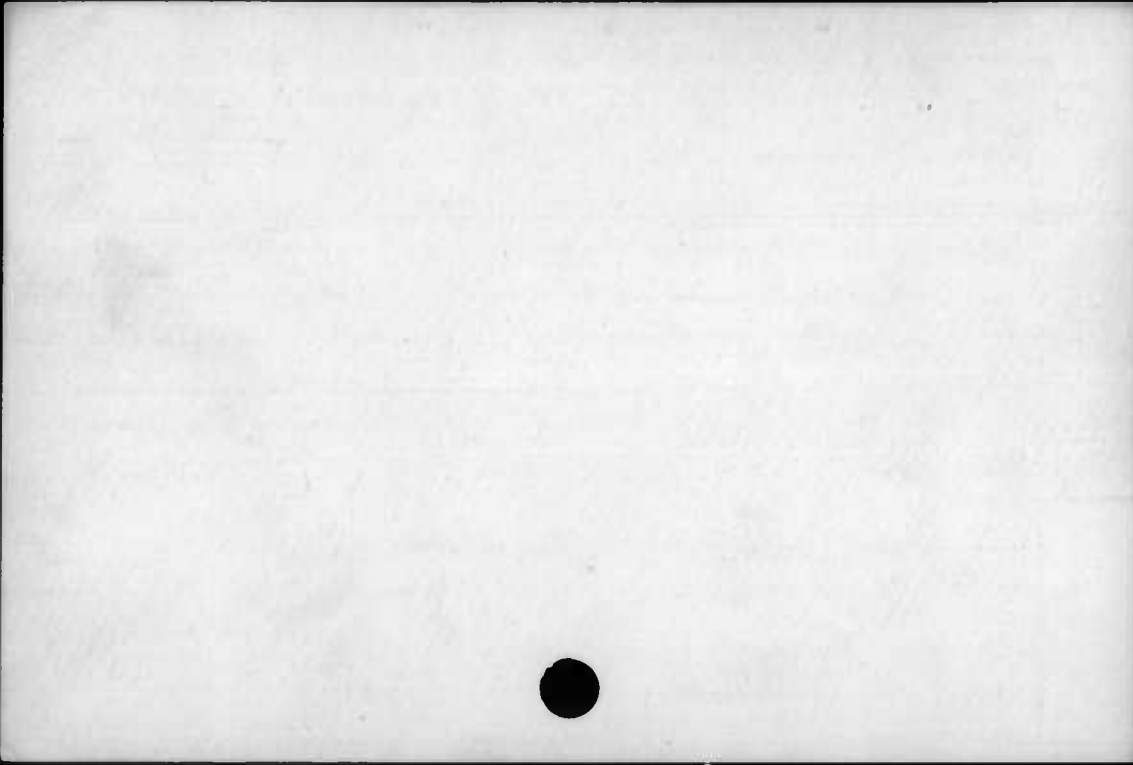
Bel Air

Accident or Suicide?

No.

Md.

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Esther Young</b>		Town <b>Harre de Grace</b>		County <b>Harford</b>		MARYLAND	
Died at <b>Harre de Grace</b>		Date of death <b>1908</b>		Month <b>3</b>		Day <b>19</b>	
Age <b>74</b>		Years <b>74</b>		Months <b>-</b>		Days <b>-</b>	
Sex <b>Female</b>		Color or Race <b>White</b>		Birth-place <b>Pennsylvania</b>			
Occupation <b>House wife</b>		Where Residing if not at place of death <b>Harre de Grace</b>					
Married, Single or Widowed <b>Married</b>		Name of <del>Wife or</del> Husband <b>William R. Young</b>					
Father's Name <b>Jacob Bastain</b>		Father's Birthplace <b>Pennsylvania</b>					
Mother's Maiden Name <b>Unknown</b>		Mother's Birthplace <b>Unknown</b>					
Name of person giving information <b>William R Young</b>		How related to deceased <b>Husband</b>					

## CAUSES OF DEATH

How long

How long

PHYSICIAN  
OR CORONERPrimary **Pneumonia**Immediate **Heart failure**

Are the name, age, sex, color, date and place correctly given above?

**Yes**

Signature of Physician

Address

**R. H. Smith**  
**Harre de Grace**  
**MD**

Accident or Suicide?

